

# CHILD STUDY

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# H E A D L I N E S



The topic of children's everyday problems is a perennial one; we hope that we have approached it with a somewhat fresh slant in this issue.



Among the contributors are: Donovan J. McCune, M.D., professor of pediatrics at the College of Physicians and Surgeons, Columbia University, attending pediatrician of Babies' Hospital, New York; Charlotte Fehlman, instructor in Child Development, Teachers College, Columbia University; Edith Taglicht Schmidt, director of the Consultation Service of the Institute of Human Development; Aline B. Auerbach, of the Family Counseling Staff of the Child Study Association of America; and Pauline Rush Fadiman, editor of the publications department of the Association.

Dr. Emmy Sylvester, whose unusually interesting paper is reprinted from a report of the proceedings of the second Brief Psychotherapy Council held in Chicago in January, 1944, is a pediatrician practicing in Chicago.



The Fall issue of CHILD STUDY will discuss the subject "On Being a Parent Today." This issue will be published in November.



## UNDERSTANDING CHILDREN

THE DAY has gone when parents' only job with children was to "correct" their faults by means of punishment or censure, and to try to encourage their virtues with rewards. Those who lived with children and were concerned with their fullest development soon discovered that this approach worked only moderately well and that there were still a large proportion of youngsters who continued to be unhappy or unsocial, or to persist in "bad habits" in spite of a conscientious application of the punishment-reward formula. At the same time there were also certain children who, in spite of a casual or seemingly lax discipline, perversely grew up into delightful and well-adjusted people. Obviously the making of character and personality followed no such simple, rigid rules as were first offered.

TODAY with scientific knowledge to draw upon, we are inclined, and correctly so, to approach child development with all its manifold problems in a spirit of inquiry as to the fundamental *causes* for the various difficulties of adjustment. We are no longer satisfied with prescriptions for "curing" or overcoming some fault in a child. We ask quite properly—why did he get that way? What is the psychological meaning or "purpose" of such and such symptoms? Only by first understanding causes can we take steps to make changes which are likely to last.

YET, for parents and teachers and all who are responsible for children's daily living as well as for their future well-being, the problem is complicated by the fact that we are obliged to do several things at once. We dare not merely be analytical or scientific in our approach. We must also be educators. We are continually called on to *act* in the child's behalf and cannot neglect this responsibility. Even while we search for causes we must also give some relief to symptoms or else the child may plunge deeper and deeper into unhappiness and confusion.

FOR PARENTS, it can never be true that to understand all is to permit all. Guilt and anxiety, with their resulting neuroses, are as frequently built by indulging every passing whim and primitive impulse in children as they are by the severe and repressive attitudes of our grandparents. The dilemma arises out of the fact that children require not only understanding but also control—not love alone, but love joined with a firm expectation that they progress and become civilized. The fact is that children's needs, like adults', are often contradictory. Along with their need for parental tolerance for the ups and downs of growing up, is the need for parents who know how—in the child's own language—to "make him be good," and who, for all their tenderness and understanding, are to be found squarely on the side of the child's own conscience.

THE EDITORS



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# The First Years

By DONOVAN J. McCUNE, M.D. and CHARLOTTE FEHLMAN

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THE everyday problems of childhood do not, of course, begin with the birth of the baby but are the result of inherited physical and emotional forces which had their start much farther back. They have made the parents what they are and in turn will affect the child. Since we cannot reverse time we have to take the situation as it is and modify it to the best of our knowledge and ability so that children may enter the world with the best possible opportunity of becoming happy human beings. Of all the many devices which have been suggested to open the campaign, the one which seems most workable at the present time is prenatal instruction designed to the needs of both parents.

It would probably not be denied that most babies are born as the result of a series of accidents. Dating and mating—to use Hogben's words—are carried out pretty much according to chance. Conception can be and is regulated to a considerable extent. However, the fact that the population of most countries increases in the same manner as bacteria in a test tube suggests that the measures which have been thought up to ensure bringing only potentially happy and able children into the world exert only little effect.

The average connubial situation is made up of a man and a woman who have married without any special thought of the children they are going to have. They may have planned, more or less definitely, to have children, and may have talked about wanting a certain number. They usually have definite ideas about these children's sex, personality, intelligence, and ability to succeed. As a rule they have little or no formal knowledge of the few rudimentary facts which govern the successful rearing of children. In many cases this is all to the good: Formal knowledge is by definition an artificial thing. If parents can possess informal command of the art of bringing up their young—acquired through experiences of their own childhood or owned as an intuitive gift—their venture will be successful. They may stub their toes where exact technical information is helpful but they will not flunk their job in any catastrophic way. But if, as is increasingly true of city dwellers, the parents lack instinctive skill or if

they wish to perfect any budding talent they may have, prenatal instruction is the answer.

By prenatal instruction we mean a series of conferences, attended by both mother *and* father, at which the physical and emotional problems of pregnancy and the first year of the infant's life are discussed. The definition of conference must necessarily be elastic: The size of the group, the professional character of the leader and the number of sessions will vary with time and place. Carefully selected reading material is helpful. There are indirect ways of providing prenatal instructions, such as the radio and the press; the field is not closed to reputable commercial advertising of the type which greets a young woman when her prospective marriage is announced. These all suffer the defects that they are often not timely enough. The essence of the success of this type of instruction is a personally directed group such as the "Mothers' Club" operated for the benefit of clinic and ward patients by many hospitals throughout the country. No amount of printed literature or radio talks can be expected to be as effective. It is essential that the father share the duty and privilege of attending some of the sessions. If the mothers' club idea has the merit that we believe it to have, it should not be restricted to the lower income groups but should be made available to private patients as well. It is generally assumed that although persons who can pay their doctor his full fee require obstetrical advice, they are above the need of expert counsel on the longer and more complicated business of raising children.

The very first thing the father and mother have to do after the baby is born is to be delighted with the sex of the child. Since most parents do this automatically, the admonition may sound superfluous. But the number of disappointed mothers who wanted their boy to be a girl, and of fathers who hoped for the opposite, is large enough to account for a good deal of unhappiness in the world. If parents want a child they should be prepared to accept either a boy or a girl. There is no way of assuring or predicting sex in advance. Preconceived plans about a baby's sex often cause the child to be accepted by one parent



while rejected by the other—a most unhealthy state of affairs. Father and mother should be able to adjust to disappointment; the infant cannot. Although the arguments of those who plead for the rights of infants have been weakened by recent nonsensical writings on the side of the defense, there is no doubt that infants need security. Moreover they need it from the start—not only because they are more perceptive at an early age than we used to think they were, but because parents begin to form attitudes toward their baby sooner, if possible, than the baby toward them.

The baby has to be fed. This is the crux of one classical problem. It is classical in so many ramifications that the limits of these remarks could be exceeded in the attempt merely to describe it. The center of the problem is, shall the baby be fed at breast or by bottle? Resolved to its simplest form but without oversimplification, the matter can be stated as follows: As far as physical nutrition is concerned the average bottle fed baby does just as well as the average breast fed baby. Furthermore, modern advances have so simplified the formerly difficult art of devising diet that any interested individual of average intelligence can master the essentials of formula making and the addition of solid foods in short order. On the other hand, breast feeding is certainly simpler and probably presents fewer hazards to trap the unwary. All in all, the demands of physical welfare alone present little reason for preferring one to the other. The real superiority of breast over bottle is the emotional ties which breast feeding builds between mother and baby. This point has been discussed so many times that we shall not tarry upon it. What we want to stress is that not only many mothers but also a large number of physicians—general practitioners, obstetricians, and pediatricians—have failed to grasp the realities of the situation; hence the choice between breast and bottle is often influenced by habit, prejudice, and misunderstanding.

It is the current consensus that breast feeding is on the wane in this country. This is probably true, although we have no exact information about the rate of decline. Numerous causes have been suggested. Some are convincing; others are not. The ambiguous "emancipation" of women plus the knowledge that the bottle is an efficient substitute has made many mothers resistive to feeding their baby at breast. The need to hold a job while raising a baby often makes breast nursing impossible. The suggestion of biological decline is obviously untrue; the American mother is probably the healthiest on earth. The answer lies in hospital practice and maternal attitudes.

In the modern hospital newly born infants are kept isolated from their mother through most of the twenty-four hours and are brought to nurse five or six times a day, usually at intervals of four hours. This arrangement does give the mother more rest than the alternative plan of keeping the baby in her room. However, it makes it virtually impossible to bring the infant to the mother except on some regular schedule; as far as nurses' time is concerned the longer interval, the better. But as Dr. C. A. Aldrich has pointed out, the infant's appetite does not in the beginning operate like a well regulated clock. Yet if the infant's desire to eat and the opportunity to nurse are not coordinated, an irreplaceable opportunity to stimulate the development of an adequate supply of breast milk is apt to be lost. This does not mean that baby should be put to breast every time he cries. Mothers soon learn to distinguish the "hunger cry" from other outbursts; the hunger cry is the signal for nursing. Dr. Aldrich has shown that most infants who are fed in response to hunger soon adopt a reasonably regular and not too demanding schedule of their own in a surprisingly short time. As judged by the results secured in the Rochester Child Health Project the frequency of successful breast feeding can be strikingly increased by adopting a system of unscheduled feeding according to the demands of the infants.

Another thing which tends to defeat breast feeding is the widely prevalent practice of offering supplements of cow's milk during the first few days of life. This is done because both doctors and nurses have an understandable but not altogether commendable impulse to prevent the loss of weight which nearly always occurs at first while the supply of breast milk is becoming established. This loss is usual and not harmful. The price of avoiding it with supplementary feedings is all too frequently failure of the breasts to secrete generously because the infant is never ravenous enough to stimulate them to full function.

We still encounter instances where the medical opinion given was that the milk did not agree with the baby. Chemical incompatibility can almost never be proved. The lack of agreement is between the baby's appetite and the meager supply of milk or has its basis in some fault of nursing technique.

Not a few mothers resent being tied down by a nursing baby. But serious restriction of the mother's freedom of movement need last only until the supply of breast milk is well established. After that a bottle may be substituted occasionally—except that the mother is apt to be uncomfortable if the breasts are



not emptied. Erroneous concepts still persist about the deterioration of physical charm as the result of nursing at breast. Even if these notions were true, the sacrifice would be small in proportion to the constructive effect of the breast feeding relationship on both mother and child.

Not all mothers are able to nurse their babies even if they really want to. The next best thing is to offer the bottle as intimately as possible. Except in case of extreme necessity it should not be presented by any sort of mechanical holding device. From time to time the father or older brother and sister may feed the baby but in the main it is the mother's responsibility and privilege. The infant should be held in the arms and be fed with the same display of affection as if he were nursing at breast. Psychiatrists feel that the amount of sucking—that is, the number of hours spent in getting food by this means—has an important influence on emotional growth. This is doubtless true. However, to concentrate attention upon time alone seem to us to be misdirected emphasis. Emotional warmth is evidently more important than measured minutes.

For how many months should sucking be continued? The answer is painfully simple—as long as the baby wants it. The happy child will stop on his own decision at a year or so; the insecure one will demand his traditional mode of feeding for an indefinite time. Insecurity is not cured by the forcible device of pulling him from the breast or bottle. Weaning should be timed with reference to the baby's readiness for some other method of feeding—not because of some arbitrary medical prescription or because the mother is tired of restrictions.

It is a good idea to introduce solid foods as early as possible, almost from birth; how early will depend on the baby. The reason for this recommendation is not that they are necessary from a nutritional point of view; the advice is based upon the fact that infants become increasingly fixed in their tastes with the passage of time. The longer they follow a given pattern the more they resist change. We give solids at about four months largely because of their educational value to mother and child. There is no hurry in getting them started. If they are resented and resisted the trial should be interrupted for a few days. There was a time when the feeding of infants was dominated by nutritionists and disciplinarians. This led to a lot of hard and fast rules about feeding. Discipline is, of course, a painful necessity to which we must all submit. However, to use feeding experience principally as an instrument of training is a

good deal like teaching mathematics; the baby learns much except to want to eat.

Under prevailing customs the baby spends a good deal of time in the doctor's office. These visits usually take on the aspects of an ordeal. Partly this is true because medical procedures are often unpleasant; but in larger measure because of the fact that parents are apt to feel instinctively that the doctor is not an understanding person. This they communicate to the babies in many ways. The most obvious is the protective attitude they take toward the child during the course of physical examination. The child is on the table; he is asked by the examiner to lie down, sit up, open his mouth. Partly because they are apprehensive, partly because they want to give the impression of perfect control of the child's behavior, the parents echo and amplify the voice of the examiner. The combined volume of sound has only one effect, it upsets the child. Physicians who take care of children have no difficulty in managing any of them, except the most refractory, without uncomfortable physical restraint and certainly without noise.

Doctors realize that the instruments of practice—the white coats and the glittering tools—are not designed to inspire trust in the child. However, such procedures as wearing a colored gown, using non-reflective instruments and decorating the office with elephants and giraffes, have only limited advantage. The solution seems to lie in making medical procedures less annoying and encouraging parents to take the attitude that a trip to the doctor is not much different than any afternoon out—only more boring. The elimination of some rather painful medical procedures is not easy. We can prevent a good many physical ailments. To do this effectively demands several inoculations. If given too early these do not have the desired effect; if deferred until the child is between six months and one year of age they tend to build up an attitude of fear and active dislike of medical people. We await with interest the results of experiments now going on with inoculations during the first few months of life, presumably a less impressionable period.

Among the problems parents most often seem concerned with are those relating to bowel and bladder training. The first is relatively easy; the second not infrequently a source of difficulty. Sometimes after six months of age the baby will begin to sit up and not long after bowel movements will become less and less frequent and more rhythmical. The desire to

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# Discipline Through Affection

By ALINE B. AUERBACH

"HOW CAN I get my child to do what I say?" is the question parents ask again and again, and probably will continue to ask through generation after generation. Actually in this question lies the root of all education: how can people in general and children in particular learn what they are supposed to learn? Parents often do not think of it in this way, however. To them the question means "How can I discipline (or punish) him if he doesn't do *what* I think he should, *when* I think he should?" They are so concerned with finding a device or trick to bring about the response they want that they lose sight of the end they really are trying to attain. Discipline, for them, instead of being seen as an essential step in the slow building up of a child's learning of what is "right" and "wrong," acceptable or not, becomes largely a matter of punishment. It seems to these parents, and to some teachers also, unfortunately, that children learn nothing unless they are punished, and unless the whole procedure is unpleasant.

Yet we know that this is not so. The best and most important things which children learn, they learn without being taught, from those who love and care for them. Even an infant, lying in the crib or being held on his mother's lap, knows when she is pleased with him and when she is not. When she smiles and holds him securely with gentle affection, he feels comfortable and content. When her face is cross, her body is tense and she does things for him impatiently with angry jerks; he feels this, too, and senses that something is wrong. Then he is not at ease. Children of all ages, big and little, learn to give up many of the things they want to do or have in order to keep the atmosphere around them pleasant and peaceful. They do this even without knowing it themselves. Parents sometimes do not recognize how much of this goes on every day.

In the long run discipline is effective not when it is dependent on punishment, but when it is based on love and affection. When children feel loved and accepted they learn not only what *not* to do, what displeases parents, but they can then follow positive suggestions more easily, with less resistance. It is easier, for example, when the time comes for a child to give up drinking milk out of a bottle, for him to take it from a cup if his mother is sympathetic and

understands how hard it is for him to make the change. In the same way, Johnny, who is twelve, will be readier to accept his father's advice to keep away from the movies on Sunday so that he can get his homework finished if he has the feeling that his father stands by him in most situations.

This kind of relationship between parents and children is the best basis for good discipline. It is found where parents from the beginning accept their children naturally, showing them the love and devotion that they feel. Of course, there is great variation in the amount of affection parents have for their children and the ways in which they show it. But children do not have to be swamped by demonstrations of affection; they will sometimes tell you, even when they are little, when you get in their way. But a pat on the shoulder, a kind word, and encouraging comment at any age is reassuring evidence of the close tie that binds parents and children together.

This kind of mother shows her affection in other ways, too. She accepts her child for what he is, getting over her disappointment as soon as possible, for example, if Mary doesn't turn out to be the blonde, curly-haired angel she had hoped for. She knows that she will find other things about which to be pleased and proud. She understands that children don't become perfect all at once, that there is a certain amount of trial and error about the business of growing up that all children go through. She can take the fact that there are times when Mary, now nearly three, finds her new blocks more interesting than going to bed, and that Jimmy at seven can't be bothered to hang up his coat when he is dashing in to listen to his radio program. In other words, such a mother understands, on the whole, something of the way in which children develop, what she can expect at various ages and stages, and how one child's response differs from another's in a similar situation, according to his individual temperament.

Knowing all this, she is more apt to set standards for her children that are in keeping with what they actually can live up to. But even in the best of families, where the relationships are warm and strong, and where the children have at the same time been given the opportunity to be as independent as their years and abilities will allow, here, too, will come times and occasions when the children need to be



controlled and corrected. Their judgment is not always as good as they think it to be; some situations may be dangerous in ways they cannot understand. The question then is—what does one do about it?

There is no rule of thumb answer, of course. We have found that out long ago, although many parents are still looking for a magic formula. When children must be controlled, the important thing is that parents should act, and do so with sureness and despatch. What they do, actually, is not as important as the way they do it. If Johnny is about to climb up on a window sill from which he may fall three stories to the street, you waste no time, but remove him from his perch, planning to have window guards put up to safeguard the next adventure. If you can take action, and do it in a firm yet kindly fashion, so much the better. Children accept this much more readily than if you scream at them in order to make your point. At the same time, you can direct a child to other things he *can* do instead.

Situations of this kind can be seen easily, of course. It is the subtler problems that are more confusing. Getting children to accept the family routines raises issues at times that are not so clear-cut. How much leeway, for example, can one give at bedtime? How much responsibility should the children take in caring for their own things and in helping around the house? How about fighting between sisters and brothers? Shall they fight it out, or shall parents interfere? These are some of the questions parents are trying to answer with fairness to their children and themselves. In each case they have to decide what are the things for them to take action on, and what the children can be allowed to work out for themselves.

In practice, parents often tend to act in one of two extreme ways. They either punish too much and too often or they do nothing, letting the children go their own way. It is startling to find out how many parents still have no better way of influencing their children than by hitting them. A twelve-year-old girl says her father hits her when she doesn't put her light out on time at night. A mother spanks her six-year-old son because he brings notes home from the teacher each day saying that he doesn't pay attention at school. For many months a baby who is now two years old has been rocking back and forth on his knees before going to sleep; the doctor has advised the mother to hit the child every time he starts doing this, and they battle it out for six hours. These are true experiences reported by parents themselves. In magazines and newspapers there appear letters from individuals and groups of parents recommending the

indiscriminate use of corporal punishment with a cruelty and sadistic satisfaction that is frightening.

Most parents turn to this as a last resort because they think that there is nothing else that will work. It usually is the end step of a long course of happenings that have carried the parents and their children away from the positive feelings of love and understanding we have been talking about. Outside influences are often instrumental in bringing about this change, particularly relatives or "in-laws" who criticize the children, comparing them unfavorably with other members of the family. Sometimes it is the other mothers on the block who cannot understand or accept the normal aggressiveness of an active small child and who suggest in no uncertain terms that he is badly brought up and a menace to the neighborhood. Frequently the school finds that a child is not doing well and passes the responsibility back to the parents, who have no other way of handling the problem except through "discipline." The child's failure to live up to what is expected of him by the school, by the family, by the parents themselves, is a painful and bitter experience for the parents. They feel a deep sense of failure in what is their most important job; angry and upset at themselves as well as at their children, they strike out in the only way they know.

And yet they cannot help seeing that this kind of treatment actually does no good. In spite of punishments, the little boy still has to rock himself to sleep; the six-year-old is not helped to do better work at school; the twelve-year-old girl is not helped to handle the matter of bedtime herself. In all these situations, the children become confused and resentful, and the cause for their so-called "bad" behavior is, if anything, intensified. Besides physical punishment, constant nagging and criticizing and complaining will bring about the same unfortunate results.

Again and again we have to remind ourselves that children's behavior is not random and haphazard as it appears on the surface, but really is purposeful; that children act in accordance with their deep inner drives and feelings. A child sucks his thumb because it means something to him in the way of comfort and satisfaction. To punish him for it will only increase his need for it; to give him more affection and understanding helps him to grow out of the need to suck his thumb. This is not "spoil" him; it is giving him a helping hand toward his sound development. In the same way, to punish a child for his poor school work merely reinforces his feeling of inadequacy and

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# Learning Difficulty: A Symptom

By EDITH TAGLICHT SCHMIDT

WE KNOW that human behavior cannot always be explained by logical and obvious intentions. Often we experience a strange interference in our deliberate purposes; we call them accidents or errors, and do not pay much attention to them. If we write a wrong address on an envelope or repeatedly forget to buy something badly needed, the unpleasantness that we have created for ourselves makes it difficult to believe that in doing just what we did we may have followed a purpose of which we are completely unaware.

An emotion not accepted or even recognized, a conflict not solved, complex feelings that do not seem to fit into our way of living, are pushed into a far corner of our minds. But even though expression is denied to them, they cannot be eliminated. They continue to act though spent in spheres different from those they had originated in; and in this way they often counteract our best efforts. Not only isolated acts, but general attitudes and even the whole trend of one's emotional development may be influenced and directed by such veiled energies to create a behavior pattern in contrast to our own interests and prevent us from achieving our goals.

Ever since these forces within the human mind have been uncovered and the knowledge of their dynamics applied to the technique of treating mental and character disturbances, there has been the expectation that fields other than psychiatry proper might benefit by this new insight. Education, for example, was one of the areas where it was felt that understanding of the interplay of psychic forces could help in guiding the child and in solving his emotional difficulties.

The child who "could do better" in his academic work, who gives constant evidence of good ability but fails in tests or in his daily school work, the shy and withdrawn child who suddenly bursts out in anger, and many other types, are a puzzle to almost every teacher. Often there seems to be no clue to such a child's conflicting behavior; and efforts to obtain his steady cooperation seem unsuccessful, even though he himself often suffers from the results of his negative attitude.

Here the findings of psychology promised help. A number of educators, in close cooperation with psychiatrists, began to explore the field and develop

various aspects of work with children. Some of these educators have undergone thorough and extensive training in psychoanalytic understanding of the often deeply hidden causes that motivate human behavior. They have studied the complex structure of personality and have found that even seemingly inconsistent behavior is governed by a law of its own. They have learned that the fantasies in a child's mind may be more real to him than the actual life situation before him. If he does not respond to the demands of the real situation it may be because he is responding instead to a past or imagined one—one which constitutes reality for him.

There are still many problems to be worked out of how the teacher in the classroom can best take advantage of her insight into the child's problems; how she can help one child with his individual needs without upsetting the routine and the requirements of the larger group. This seems an almost hopeless task for a teacher who sees forty children or more for short periods; yet in some progressive public and private schools beginnings have been made which have promising prospects.

In helping the *individual* child who presents school difficulties, however, methods have been developed that enable the teacher to investigate the underlying causes for the maladjustment. In many cases it has been possible not only to help the child overcome a specific learning difficulty in school, but by solving the original conflict which caused it, he has been helped to resolve other manifestations of the disturbance.

These few instances will show how some children with school difficulties were given help through a combined psychological and tutorial approach.

## I

### MARY:

Mary's attitude in class had become more and more difficult to deal with. She defied her teacher's efforts to teach her, made silly remarks during lessons, did no homework. Her notebook was messy. She had none of the interests of other eleven-year-olds, and could not make friends with them. Often she had to be sent out of class because of her disturbing influence. Complaints about her "uncooperative and immature" behavior came from all sides. The teacher



was especially puzzled about Mary's behavior because she had previously taught Mary's brothers, who had done excellent work. Mary was undoubtedly intelligent; she came from a very well-educated family with high standards. The teachers tried to appeal to Mary's reason, to her responsibility toward the reputation of the whole family; they urged her to give up her defiant attitude and to cooperate. But to no avail. There was real danger that Mary would not be promoted at the end of the year. The parents were very much alarmed by these reports and although they hoped that this was only a temporary difficulty that Mary might outgrow, they "tried everything." The child was given extra drill; her work was carefully supervised; a more rigid schedule was planned.

Mary's behavior did not improve. On the contrary, it became so troublesome that it seemed impossible to have her remain at school. It was then decided that she be given extra help. A special teacher, well trained along psychological lines to understand the deeper implication of resistance to work, undertook the task. From the beginning she carefully watched Mary's reaction to failure. When Mary could be persuaded to try an assignment, and did well, she beamed with pleasure. Whenever the slightest mistake was pointed out to her, however, she exploded with fury, tried to argue over the mistake, and insisted "We do it that way. I know this is right!" She could not face the fact that she had made a mistake. In the end she usually threw pencil and paper aside and said, "I won't do it. I don't care."

These two attitudes, her obvious pleasure in doing well and her despair over a mistake did not really contradict each other. Mary had a deep but hidden desire to do everything well. She really was very much concerned about her adequacy.

She was the youngest of four children, the only girl; her brothers were all well-adjusted, their place in the family and their future well worked out. There was no doubt in Mary's mind that they would live up to the expectations of her parents. But what about herself? She was only a girl, she could never compete with the brothers. They did better in sports, in games, in making friends. They were right but she was all wrong.

Mary is an extremely healthy and energetic child. She has such a strong sense of well-being that it is hard for her to keep all her driving physical force under control. But self-control is an important factor in her family. One must not give way to feelings and weaknesses. Mary tries to "strengthen her will power" to a degree that is touching to the observer.

She loves sweet things but she would make herself give up all candies for a week in order to practice will power. She struggled violently on such occasions. She would put a box of candies that she had received into her drawer and close it, only to open it after a short while, and then close it again. Five minutes later she would take out the box of candy and hesitate about taking one. But after she had handled the box for a short time, she would throw it with vehement determination back into the drawer, saying: "No, I must not look at it again."

There are probably many such impulses in Mary which are hard for her to resist. Whenever she fails to conquer these drives she feels miserable and is convinced that she is no good at all. Her effort to show good work at school is unsuccessful. She tries again and again but each time a mistake is discovered she feels that she has been found out as being bad and useless. Her feeling about this fact is so intense that she cannot bear it. Her only escape therefore is to pretend "not to care." Then she cannot be blamed for not being able, but only for not being sufficiently interested.

Before this mechanism could be understood Mary had to be observed very closely. Over a period of several months the special teacher had to see her daily until she could piece together all the detailed evidence of what was going on inside Mary. Only when the specific pattern of Mary's feeling of inadequacy in all its meaning to her became clearer could the teacher begin to relieve the girl's hidden fears. Step by step the expressions of this fear had to be grasped and refuted. It would not help Mary to be given reassurance and praise for her achievements and skills as long as her deeper-lying doubts could not be dispersed. Words alone were not strong enough to conquer her overwhelming fears; even though she might be praised for some accomplishment, secretly she always thought her real shortcomings were not yet detected.

Any opportunity to praise had therefore to be chosen carefully so that it would not remain a matter of empty words. It had to be applied just in the right form and doses so as to convince her that it was serious and genuine. It had to be made a vivid experience.

Not only her academic work but accomplishments in quite different areas were observed and mentioned matter-of-factly. Through her special training the teacher was able to unfold the complex structure of Mary's difficulty, and to show the child the inner reasons for her behavior.



Mary felt deeply inferior to her three brothers. The problem of being a girl was taken up with her. When confronted with it she realized that she had fought against an imaginary defeat, and she gradually learned to accept the role of the girl.

At the end of the year her school reports changed. She was mentioned as a cooperative and attentive member of the class. She made constructive remarks and could take criticism when it was given. She was able to do her work and to try again if she did not succeed the first time. Mary was then encouraged to go on without further help.

## II

MICHEL:

Michel, eight-and-a-half years old, was a non-reader. He did not participate in classwork, day-dreamed during most periods and hardly ever answered the teacher's questions. He was friendly but he made no effort to learn. Though the children did not dislike him they never sought him out for their play and he did not seem to belong to their group.

His parents, who are highly intelligent and well-educated themselves, could not understand Michel's failure at school. Their older son, George, was an excellent student, a leading member of his group and always active and interested in everything. He often tried to help Michel and was concerned about his brother's difficulties.

The parents decided to get special help for Michel. The mother described him in very much the same way as his teacher. She also emphasized Michel's friendly and quiet attitude at home. She did not think that he was worried about anything in particular; he just seemed to be generally indifferent. He liked to listen to the radio and at times became so absorbed that he hardly knew what was going on around him. Occasionally he might even wet his pants and then tell his mother with an apologetic smile: "I'm so sorry, I don't know how it happened." Wetting also occurred at night, and the mother could find no explanation for it. The parents handled the problem intelligently. They never punished Michel for it. The mother mentioned this to the special teacher, feeling that it might be linked with his difficulty in learning.

When Michel was told about the plan to get a special teacher for him he remarked: "Oh, my teacher at school is a jerk, and if she's a jerk, too, then I won't go." When he came for his first lesson he was friendly and seemed eager to cooperate. But he behaved like a much younger child and asked

innumerable questions about everything he saw.

It was this questioning that gave the teacher the feeling that he was looking for an answer to a question he could not quite express. Without knowing it he seemed to be confused about a problem for which he could find no answer. But to tell him this at once would have only confused him further. It was the teacher's task to discover from every possible indication, from his many seemingly unimportant remarks, from his reaction to various situations, just what it was that worried him so deeply. Every attitude that was understood meant another step forward in solving his specific problem.

Deep in his own feeling seemed to lurk a vague fear that his parents had not really wanted a boy when he was born. He was afraid they did not like him for what he was. Especially when he felt that he had displeased them was he afraid that his mother might completely reject him. In his confused fantasies he even believed that boys could be changed to girls. Although he had received clear information about sex facts he had never grasped their meaning. The theoretical explanation had not penetrated his deep-seated fear.

Of course these thoughts were never clear in his mind; they formed a vague and threatening anxiety from which he turned away. This made him passive and afraid of doing anything, even of gaining more knowledge. Books conveyed knowledge which he feared even while he craved it. The teacher gradually began to understand his fears and sense the content of his intimate fantasies. She could reassure him about the facts so completely confused in his fantasy. She was able to answer the questions that he could not pose. Gradually his fear diminished and he became freer to tackle various tasks he had previously avoided. The enuresis disappeared and he began to show genuine interest in the things around him. He began to ask questions on his own level of intelligence. His classroom teacher noticed an improvement, and when she pointed it out to him he was encouraged to try to do more difficult work. Michel is now beginning to work on his own age level and is gaining more and more confidence in himself. He still has to be helped to hold his own. But he seems to be going in the right direction and with good speed.

## III

SHIRLEY:

The teachers doubted that Shirley was really intelligent enough to attend a school with high academic standards. She did not seem to understand what was



discussed in class and was completely incapable of relating facts. In subjects that required drill her performance was about average, but she had failed completely in history and sciences, and could not solve the easiest problem in arithmetic.

The school was also concerned about Shirley's character. She was constantly discovered lying. She tried by all means to gain attention, and behaved in a silly manner for a twelve-year-old. The children never believed her stories about all the wonderful things she had and did at home.

With hopes not set too high, an attempt was made to work with Shirley. She protested violently against accepting special help. She declared that she did not need it, "there was nothing wrong with her anyway."

It was difficult to overcome Shirley's opposition. She was unwilling to do the required work and found subtle and clever ways to shirk it. In following Shirley's moods and escapades a situation could be created in which she would do even the most difficult tasks with enthusiasm. For example, a game with an imaginary class was invented. Every one of the twelve girls had her characteristics and weaknesses; it was always Shirley who excelled. She could do everything, knew all the answers, and her behavior was above reproach. She acted as an adviser and an understanding guide to the other children who sought her out and held her in highest esteem. In this fantasy world Shirley was completely happy. There was no limit to the praise and admiration she could take. The fact that she was the best child and the only one loved by the teacher and the other authorities, had to be reiterated in all possible ways.

In this fantasy world she was able to do really satisfactory work. She did not mind assignments and work that she would otherwise have avoided. She felt accepted and approved of and could therefore be at her best. But as soon as she returned to her own class and the glory was absent, when she felt herself just an unimportant member of the group, her accomplishments became again poor. She failed to answer even the simplest questions.

It was obvious that what Shirley had built up with so much intensity in a fantasy world was what she bitterly missed in her own life. Shirley's parents were divorced. She lived with her mother who had remarried. The other children were the daughter of her stepfather and Shirley's baby brother, the child of the new marriage. Unknowingly the mother had carried over to Shirley a great deal of the hurt and hostile feeling that she had against the child's father. Shirley was deeply devoted to her mother, whose

affection she craved and of whose powerful personality she was secretly afraid. She felt, too, that she could not hope ever to obtain a share of the love of her stepfather, whom she adored, at all equal to what his own children received.

Especially since the birth of her brother had Shirley not been able to bear the realities. She turned away to her fantasy world where she could have everything she was longing for. She could not grasp problems in arithmetic or historic developments because that involved understanding and facing of real situations. She told lies because she wanted to believe that they were the truth.

In this case it was important to obtain the cooperation of the mother who was ready to see that she had found traits of her former husband in the child which irritated her, and that she had negative feelings toward Shirley without being aware of it. She was eager to show the child genuine love, and was able to do so after she had been helped to recognize her confused feelings.

But even though the actual situation could be remedied, Shirley herself had to be shown that her demands were excessive, that she could never receive enough signs of love and affection to satisfy her, but would tend to doubt her mother's feelings all over again as soon as she was criticized for the slightest act. She had to discover that she herself did not approve of many of her own feelings and thoughts and that she was constantly afraid that she was really to blame. It took a long time and hard work to make Shirley see that what she demanded was an exaggerated amount of recognition, and that it was really impossible to satisfy her excessive needs. When this began to dawn upon her she slowly made better contact with the real world. She began to be able to accept the fact that it was sufficient to be just as good as others, and not necessary to excel in everything.

Shirley is not yet completely over her difficulties. It is still hard for her to find her place in the world of reality which she is slowly and not without pain beginning to accept. But she is able to make an effort even when she knows that she cannot reach the top. She derives satisfaction from little accomplishments and is determined to go on with them.

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These examples, illustrating what may lie behind a learning difficulty, have been chosen at random. It might appear that the sources of children's difficulties repeat themselves in more or less the same pattern in each child. It is true that the basic conflicts tend

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# Life with Parents: A Teen-Age View

By PAULINE RUSH FADIMAN

WE WENT to the meeting with some misgiving, a little jealous of the time we thought might be wasted in a discussion of whether the seventh grade should go home from the school dance before the ninth grade, whether it was good taste for the girls to wear long dresses in wartime, and other such questions which made my husband especially freeze into apathy. But these youngsters had deeper concerns.

I should perhaps explain that this was a novel experiment in parent-child relations. The junior high school (grades seven to nine) of the Friends Seminary in Manhattan had, with the help of their teachers, planned this evening meeting in order to hash over their common home problems. There was one strict rule: no child could attend unless at least one of his parents was also present. They were going to be sure of being heard.

They had planned the meeting in the following way: each of the three grades would take turns in presenting a problem, it would then be thrown to the parents for discussion, then back to the children for the last word. (The parents would have theirs at home, no doubt.) The questions were presented in skillful order, building up to a dramatic effect. The first problem was almost too simple:

"Is it right for my mother (the child posing the question was never the one personally involved) to open my letters?" A spontaneous shocked boo from children and parents alike gave the unmistakable answer. The ninth grade boy who was chairman of the meeting (and what an excellent chairman—poised, humorous, casual, with a precise command of English and just the right amount of shyness and slight stutter to make him absolutely charming) laughed and said that the audience seemed to have answered the question without any further discussion. By the rules of the meeting, both the boy whose problem it was and his mother were in the audience, and the disapproval expressed could leave this mother no margin for equivocation. The weight of public opinion would surely discourage any other budding letter-openers in that audience.

The next question involving privacy called forth much more discussion and some strong feelings. "Why does my mother have to go through my private bureau drawers?" The mothers who felt themselves attacked flashed back their answers.

"Because it's the only way of keeping them from looking like an unholy mess." "I don't examine the drawers, I just tidy them up." "What difference does it make anyhow?" "My daughter goes through my drawers and borrows things all the time, so why shouldn't I go through hers?"

Well, the difference it made to these youngsters seemed to be something real. It wasn't, of course, just a question of tidiness. It was something much deeper. As one girl expressed it, "It's just the idea that we'd like to have one place that's completely our own. We know that our drawers sometimes get in an awful mess. But it's all inside the drawer and doesn't show anyway, so why should it matter so much to our mothers?" (The fathers didn't seem to be involved in this at all.) "It's just that we like them to respect our privacy in this matter."

There was talk of how much mess was really involved, what the girls could do to keep the drawers neat more easily (few of the boys seemed to mind their mothers' tidying up or even "poking around," as the girls put it). Finally it was agreed that perhaps a happy compromise could be made if the girls were allowed to keep at least *one* drawer absolutely private. Their mothers could busy themselves happily with the rest of them.

I thought that they were going to let slide that other, and in many ways more important question, "My daughter goes through my drawers so why can't I go through hers?" But these youngsters evaded no issue. First, the girls apologized for going through their mothers' drawers by saying that when they did, it was always with some definite purpose in mind—to borrow a pair of stockings, a handkerchief, or something else. Then one quite small girl stood up and asked earnestly, "Aren't our parents supposed to set us a good example? Maybe they should make it a point of not going through our drawers, even if we slip up sometimes and take things from theirs?"

She had put her finger on a very fundamental point, of course, and the mothers in the audience were quick to recognize the soundness of her query, and agreed to set the good example. The children seemed to feel that on the whole this problem had been decided in their favor and went on to the next one with confidence.

"Whenever I go out, my mother wants to know



exactly where I've been, where I've eaten and what, and my father wants to know just how much money I've spent. I wish they wouldn't be so inquisitive." There was laughter and then a lively discussion. One youngster of fifteen declared that though he never had money enough to eat anywhere except at the Automat, he sometimes felt like telling his parents he had been to some exciting dive, just to vary the monotony of these Saturday reports. Some of the parents protested that they were not inquisitive, they only wanted to be sure that their children were going to safe places. Here again, the youngsters countered by saying that they felt it was an imposition on their privacy and their independence. ("Don't you want us to grow up and learn to take care of ourselves?") It was finally decided that if parents could discuss out-of-school activities casually and without giving the youngsters a feeling that they were prying into their every move, then it was O.K.; but that the boys and girls reserved the right to tell only as much as they thought necessary.

I saw that the children were beginning to feel like Curly in "Oklahoma!"—"Everything's going my way." With visible elation they proceeded to the next problem.

"My folks seem to think that I ought to call up if I'm coming home late, and it's an awful nuisance." This time it was the parents who rose up with a renewed sense of righteousness. They made the point that often their children came home two, three, or even four hours after the time they were supposed to be back, and then expect them to be perfectly casual about it. They explained how hard it was not to be concerned about children under these circumstances, especially in a big city like New York where there were so many possibilities of things going wrong. After all, accidents could happen just as easily to a youngster of fourteen as to one of four. The children admitted the logic of this. They went further to say that they were prepared to concede that their parents had the right to worry about them even when the situation didn't call for it. (I think they secretly rather liked the idea of their parents' concern.) One youngster said, "How about agreeing that we call up anytime we see that we are going to be more than an hour late? That won't leave much time for worry, and won't tie us down too much." "O.K.," said the chairman, "I guess the grown-ups won that round."

The next concern was with the length of telephone conversations. The parents of most of the girls seemed to feel that they monopolized the telephone

and wasted time in long, aimless dialogues. "Leave us out of this," said one boy. "It's purely a female sex matter."

The girls admitted that they talked at length, but what harm did that do? "We're always willing to get off the 'phone whenever someone else wants to call." One father stood up to remark that girls in the big city didn't have enough opportunity for casual back-fence chatter which they seemed to need at this age, and maybe long telephone conversations were their substitute for it. Besides, he added rather pointedly I thought, the mothers of some of these girls didn't give their daughters any example worth following in the brevity of their own talks. Most of the parents agreed that they had long ago abandoned any fight on this telephone issue as hopeless; they only stepped in when they definitely had a call to make. The girls seemed a little reluctant about letting the matter rest that way and one of them proposed: "Let's agree that we limit our conversations to about twenty minutes and don't make one call immediately after another—so that incoming calls can go through." The girls all voted to try the new rule—which I felt soon would be broken this very evening when they called up to discuss the meeting.

The next question brought forth laughter—"What can be done about our younger brothers and sisters? They're always dawdling when we have to take them to school in the morning, and it breaks up our afternoons to have to take the kids home. Can't we get rid of them?" Beneath the humorous approach, the parents could feel a real resentment against the younger children and they frankly asked the youngsters how *they* saw a solution of this problem. Obviously it would be foolish to have the mothers dress and go out of the house in the early morning just to bring the younger children to the same school where the older children were going. What irked him most, one youngster said, was that his mother seemed to make him responsible for getting his brother out on time, and then got mad if they had words about it. He suggested that it would save a lot of bickering if the mother were the one to take this responsibility. The parents saw the sweet reasonableness of this and agreed, provided that the youngsters would stop complaining about having to escort the younger children.

On the issue of taking them back in the afternoon, opinion was more divided. Most of the boys and girls felt that it was not fair to ask them to spoil their afternoon group plans by having to call for the

younger children at the odd hours they were finished with school, but some of the mothers said that there was no other solution. The youngsters felt sure that if their mothers really wanted to, they could find some way out, either by calling for the younger children themselves, or by arranging among each other to take turns. Finally it was decided that the older children should escort the younger ones willingly (at least on the surface) in the morning, but that they should not be responsible for them in the afternoon. By the mutterings of a few of the parents near me, I knew that at least one or two of these situations might be decided otherwise when the youngsters got home.

Among the other issues which the youngsters wanted to present—before they got to the big problem of the evening—was one about bedtime, and linked with this the business of telephone calling at late hours; and whether one should be allowed to stay up late to finish homework. They realized that they could not all be allowed to stay up to the same hour because of varying individual needs for sleep, and different waking hours. They agreed also to refrain from embarrassing the early-to-bed ones by not telephoning after nine o'clock. On the subject of having to stay up late to finish homework, the teachers had something to say. They seemed to have to say this every year—that all the homework was assigned days, often weeks in advance, and there was no excuse for staying up to do it. The children pleaded that it was only human to put off some assignments, especially writing ones, to the last minute; and did the grown-ups always do theirs well in advance? (Aside to the children: any editor will tell you they do *not*.)

As was to be expected, those children who often begged to stay up late in order to finish, were the ones who had a regular pattern of leaving their homework to the last minute. What was needed here was not permission for extra time, but a complete revision of work habits, an examination into what made the students always leave things till the last minute. The parents said that they were quite willing to let the boys and girls stay up for special assignments, and the children agreed that this was fair enough.

Then came the problem of the evening, the one which generated the most heated feelings, especially on the part of the parents—"How about the business of studying with the radio on?"

There was a buzzing in the parental section, and many hands shot up. Here was something they

could all be indignant about almost in unison. They were. One father arose to make an eloquent plea against having children so dependent on radio, against building a civilization which made a quiet half hour a thing abhorrent, and real concentration almost impossible. A burst of sympathetic applause greeted his speech. His wife asked for the floor to inquire whether we weren't confusing our own personalities with those of our youngsters. Maybe *we* couldn't study with the radio on, but *they* could. Maybe they *could* do two things at once. They certainly could follow the thread of a complicated movie with more skill. Most of them had been used to the noise of the city and the sound of the radio almost from birth. Obviously it didn't have the same effect on them as it did on us. Besides, it had been proved that many people study better with a slight distraction going on.

One youngster got up to explain in precise detail exactly how he studied with the radio. There were certain things like Math or Social Science for which you could have only soft background to music; intermediate things with which you could take strong jazz or funny programs; and then there was work like copying with which you could combine the most hair-raising drama. It was all very scientifically graded.

But one dogged parent came back again to the fundamental question, "Why do they want to have the radio on anyway when they're supposed to be studying?"

The children did not answer for an unusually long time. I whispered to my husband that unfortunately none of them could be articulate enough to give the real reason. But I reckoned without these youngsters. One girl arose—she was about thirteen—to say, rather musingly, as if she were thinking on her feet: "I don't know exactly, but I think it's because we feel kind of lonesome sometimes, and the radio seems to help. When you're doing some work which is rather unpleasant, or even hard, it's nice to have the comfort of music or pleasant voices. It makes you feel more secure. And it really doesn't take more than five minutes longer to do an hour's homework with the radio on, so why can't we have it?"

The grown-ups seemed touched by these words and refrained from contradicting her. There was an almost embarrassed silence until one young diplomat broke it by saying, "Maybe if you made a study you'd find out that the children who weren't so secure liked to have the radio on when they studied

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# Parents' Questions and Discussion

The questions published here are selected and discussed by the staff of the Child Study Association, and the answers written by various members. The department is edited by Helen G. Sternau.

*Last night, I lost my temper and slapped my four-year-old daughter when she deliberately threw her full dish of cereal on the floor. She'd been "on a tear" all afternoon and this was the climax. I was as surprised as she was when I let go that way, and not a little ashamed. I believe I can truthfully say that I am usually controlled and reasonable with my child, and I don't believe in physical punishment. Anne subsided after that slap and she didn't seem to resent it, but I'm troubled. Do you think it will do any serious harm to our relationship?*

I shouldn't worry about that incident if I were you. Parents are not saints and children can be very provoking. There probably isn't a mother alive who has never lost her temper with her child, nor would it be healthy for any child to live with such a paragon of virtue. Children need to find out that parents are human, that they have feelings, too, that they can be angry and show it.

Of course parents should be controlled and reasonable as a rule. If explosions occur too often the whole family picture needs checking to locate the source of strain. But an occasional flare-up is to be expected and may be a relief to everyone concerned. Such little incidents leave no ugly scars. They are very different in spirit from planned, premeditated punishments and children sense this easily enough. If you and your child live together happily most of the time, you need not worry over the effect of one slap.

*Our boy of nine does poor work in school in spite of the fact that he rates high on intelligence tests. He seems bored, neglects his homework, and the teacher reports that he is constantly day-dreaming in class. His father has tried to tutor him and keep him up to the mark but it usually ends in a tearful scene. I think my husband has never developed any real friendship for the boy and has always been too critical and demanding. He, on the other hand, thinks that I am hopelessly soft and indulgent. Perhaps I am. But it seems to me that if the boy doesn't find a friend in me there won't be anything for him to hold onto.*

Usually when children of good intelligence fail in classwork that is suitable for them it is because of some fundamental emotional difficulties at home. Their inner dissatisfaction and conflicts produce day-dreaming and withdrawal from the task at hand. This, of course, results in poor attention and inability to concentrate. From what you say it seems possible that the father's constant displeasure and the daily irritation and criticism have made your boy completely discouraged. He is probably convinced that he is "no good" and that he is bound to fail at anything important because that appears to be his father's estimate of him. As long as his father feels this way the boy is severely handicapped. Would it be possible for your husband to talk the matter over with a child guidance counsellor in order to get a clearer idea of the part he is playing in the boy's dilemma? Father and son need to find more common ground—things to make and do together, jokes and fun to share, as well as more serious work.

Perhaps as you suggest, you *are* "too soft" with the boy. This is always a temptation for one parent as a reaction to the other's being too severe. Of course, the boy needs to have a friend in you—someone who is interested and accepting no matter what he does. But along with the sympathy he should also find in you a good strong sense of reality—a belief in the importance of a job to be done and hard work to be faced. He needs to find standards as well as friendliness in you, just as surely as he should find friendliness as well as standards in his father.

*My son, now aged ten, was subject to severe asthmatic attacks from the age of about two to six. One of the things to which Jimmy was allergic was dog hair, and as a result we were careful never to have a dog in the house. As he grew older, however, he longed for a dog and teased and begged for one. After he had had no asthmatic attacks for several years, we decided to risk bringing a dog into the house. Since then there has been a very slight recurrence of wheezing and coughing, but on the other hand, Jimmy is getting such great emotional satisfaction in his new "friend" that it has helped him with many of his other problems. His doctor thinks we are very foolish to expose him in this way, but I'm wondering whether what he gains is not enough to offset the slight physical disturbance.*

The way you put your question indicates that your boy may have emotional problems as important as his asthma, and we feel therefore that you are wise in making every effort to let him continue to have the comfort of his dog. There does seem to be a real connection between emotional difficulties and some of these recurrent illnesses of early childhood. Many children who have suffered in this way need special help in building up their security and independence. A "dog of one's own" to love and care for can be a very useful device for this purpose. And we must not forget that giving up a beloved pet can involve severe strain for a sensitive child.

If the asthmatic symptoms are really slight, it might be better to ignore them for the present and help your boy in the more important task of building up his general emotional health. Naturally, if the asthma should grow severe, he would have to be persuaded that it was for his best interest to let the dog go. But in that case he would probably be quite ready for this step himself.

*My daughter is unusually tall for a twelve-year-old and this seems to be a cause of great distress to her. She towers over her classmates, especially the boys. As a result she won't go to parties—she says the boys don't want to dance with her—she stoops horribly in an effort not to look so tall, and seems to be generally upset and unhappy. How can I help her? Should I force her to go to parties and get used to mixing with other children her age?*

Over-tall girls always have a hard row to hoe, at least until the others catch up in the growing process. Certainly I would not try to force anything. It will only make her more unhappy to be placed in situations where she feels uncomfortable. Harping on her posture will also do more harm than good. Your best course is to help her find plenty of other things to do that are fun. Perhaps she would enjoy doing things and going places with you and other adults at times when her classmates are holding dances. Help her to understand that her handicap is temporary, however real at the moment, and that time will cure it. It is particularly comforting for these big girls to know that boys as a group reach their adolescence one or two years later than girls, and that most of them will outstrip even the tallest girls when the boys are fifteen or sixteen.

Little things may help, too. For example, let her choose her clothes to suit her special needs, even if this means dressing her "older" than her age would call for. This may help make her more acceptable to

some of the older (and therefore taller) children, and in any case it will make her feel more comfortable. The important thing is to let her know that you are sympathetic—that you know hers is a very real problem and you're willing to go along with her in any way that will help, marking time until the boys and girls of her own age group have caught up with her in growth.

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## Suggestions for Study: Everyday Problems

### GUIDING PRINCIPLES

#### I. GUIDING OUR CHILDREN

Affection and understanding are the basis of effective discipline. Children can best accept our demands and give up some of their own primitive desires when they feel our warm love and sympathy. They need firmness and control to protect them from their own frightening impulses and from the consequences of their immature judgment. But punishment and nagging only tend to destroy the relationship upon which helpful and constructive guidance depends.

All behavior is purposeful and problem behavior stems from some unmet need in the child. We must learn to look behind the immediate act to the need which it indicates, to help the child to a solution. At times the problem is complex and expert advice is needed in getting at the real source of the difficulty.

#### II. PROBLEMS OF THE EARLIEST YEARS

In the preschool years a child is making tremendous adjustments. He must learn to regulate his intense feelings and primitive desires to fit our ideas of civilized behavior. Even under the kindest discipline this involves a large measure of frustration and the child is often torn by anger and strange unreasonable fears. It is not surprising then that these early years are often stormy and that young children present many problems: disturbances of eating and sleeping, difficulties in bowel and bladder training, temper tantrums, fears, jealousies, and a variety of physical ailments which are closely tied to emotional causes. These problems need not be too alarming; they are far too common and widespread. But when such difficulties occur it is wise to think of them as symptoms and to explore all the child's relationships to find the basic cause.

#### III. EDUCATIONAL PROBLEMS

As we learn more about the hidden roots of behavior, we come to understand many school problems which have baffled teachers in the past. Children of high intelligence may fail in their work because of emotional conflicts which literally make it impossible for them to work effectively in certain fields or with certain people. Other children who find themselves in constant conflict with authority or with their classmates may be acting out deeply buried family problems. Children who cheat and lie and steal are seeking escape from situations which they cannot handle realistically. Often they have no idea of these things themselves. Such problems are hard to handle in the classroom. Each case is different and it takes a highly trained counsellor to unravel the causes and help the child understand and surmount his difficulty.



Logical arguments, persuasion or penalties are of no avail in such situations. These children cannot give up their unreasonable behavior until we help them solve the problem behind it.

#### IV. THOSE DIFFICULT YOUNG ADOLESCENTS

There always seems to be a good deal of friction between teen-age boys and girls and their parents. There are arguments about clothes and dates and "suitable" hours, the use of money, "privacy," telephone calls, radio habits, and a hundred and one other things. Some of this is inevitable—even desirable. The need to be grown up may lead to somewhat absurd lengths at times and their independence becomes shaky when real difficulties arise. Parents need to stand by with help and guidance but bossing and prying are not helpful. Adolescents are usually glad to ask advice if its not forced upon them and they do want someone to help "pick up the pieces" now and then. An occasional firm "no" is even a relief, but it won't be very effective unless it is reserved for a real issue.

There are, of course, deep seated problems at this period, too, which show up in wild, anti-social behavior or extreme moodiness and emotionalism. Such situations call for expert help—but a very large measure of adolescent storm and stress can be accepted as normal and natural.

#### QUESTIONS TO ANSWER

1. Jimmy was "dry" both night and day before he was three but now when he is nearly four he is wetting his bed again every night. With a new baby to care for his mother finds this especially trying and she has been very severe with him, but punishment doesn't seem to help. Can you suggest the cause of Jimmy's relapse? How might his mother help him?
2. Ten-year-old Mary was caught cheating in her final examinations. The teacher disgraced her before the class and then her parents punished her by taking away her pocket money for a month. Will such measures be apt to "cure" Mary? What makes children cheat? What might be done to help this child?
3. Mrs. Porter was horrified to find her thirteen-year-old Jane reading "Forever Amber." Jane was furious and sulky when her mother confiscated the book. Would you have let her finish it? Why or why not? Is it unnatural for a girl that age to be interested in such a book? How might Mrs. Porter have used the situation constructively for the guidance of her daughter?

#### SUGGESTIONS FOR READING

<i>Parents' Questions</i> .....	1936
by Staff Members of the Child Study Association. Harper Brothers	
<i>The Nursery Years</i> .....	1937
by Susan Isaacs. Vanguard Press	
<i>The Parents' Manual</i> .....	1941
by Anna W. M. Wolf. Simon and Schuster	
<i>The Psychology of the Unadjusted School Child</i> (Revised Edition 1937) .....	
by John B. Morgan. The Macmillan Co.	
<i>Do Adolescents Need Parents?</i> .....	1938
by Katherine W. Taylor. D. Appleton-Century	
<i>Emotion and Conduct in Adolescence</i> .....	1940
by Caroline B. Zachry. D. Appleton-Century	
<i>The Substance of Mental Health</i> .....	1943
by George H. Preston, M.D. Farrar and Rinehart	

## When Father's Away

A SERIES of three meetings for the wives of service men was held recently at the Child Study Association Headquarters. The meetings were planned to give these young mothers an opportunity to talk over their special problems and to share their common experiences.

Much of the first session was taken up with a discussion of the effect of the father's absence on the children, most of whom happened to be under five. The mothers reported many manifestations of insecurity—restlessness at night, increased dependence on the mother, anxiety in the presence of strange men, aggressiveness, relapses in bowel and bladder control, whining, shyness, etc. In evaluating these difficulties an attempt was made to distinguish those that were normal behavior manifestations that all children may exhibit as part of their growth and adjustment from those that were actually caused by the father's absence.

It soon became clear that in some cases the father's absence seemed to intensify feelings and behavior that had already been present to a lesser degree. It was the children over two or there who seemed to show the most disturbance. The younger ones seemed not to be affected directly, although they responded to the mother's own anxieties and tensions. These mothers recognized that their own attitudes and states of mind were the significant factors in the children's behavior.

There was much discussion as to how this was manifested in such matters as children's traveling, visiting their fathers at camps and embarkation points, living with grandparents, etc. Underneath the spoken words, there was evident the deep courage and determination of these young women, who were trying to be both father and mother, and who were at the same time struggling with their own loneliness and need to share their parental responsibilities and pleasures.

At the second meeting, the group discussed some of the more subtle aspects of children's relationships with a father who is away, such as their ideas and feelings about him as a person, their acceptance of his part in the war, their pride or resentment or anxieties. The group discussion leader stressed how much the mother can do to help, if she understands and shares these feelings with her children and brings them out in the open for them to face together. The mothers, too, voiced their need for someone with

(Continued on page 118)

# Science Contributes

## EMERGENCY PSYCHOTHERAPY OF PATHOLOGICALLY SEVERE FEEDING DISTURBANCES IN CHILDREN \*

By EMMY SYLVESTER, M.D.

PSYCHIATRY for the children described in this study was a last resort and psychotherapy was usually carried on over a prolonged period, during hospitalization and after return to the family. Here I shall limit myself to the description of the initial phase of treatment of a three and a half year old girl during her stay in the hospital.

At the time of the patient's admission to the hospital she had one sibling, a sister six months old. Her parents were young people of middle-class standards. The disturbed compulsive mother was very closely tied to her own mother who had made her home with the family until shortly before the patient's admission to the hospital. The father was a soft-spoken unassertive individual whose interest in the children, especially in our patient, was distinctly maternal.

The child showed feeding difficulties from birth, did not take the breast well and was weaned at the age of three months. "She never ate a straight meal" except for milk from the bottle given by the grandmother between meals and a bottle of malted milk at bedtime which, on the patient's insistence, the father had to give. These interim feedings were protested by the mother, but "they kept her going," commented the father with tears in his eyes. Toilet training was abruptly successful at seven months.

Except for the chronic feeding disturbance and some shyness with strangers, the little girl's development was uneventful. No extreme reactions to the mother's pregnancy or to the birth of the younger sister were noted, since during the greater part of the pregnancy the indulgent grandmother had taken charge of the little girl's care. Shortly before our patient's acute upset, however, the grandmother had to be hospitalized. The mother chose this moment to "break the child from the bottle as it was needed for the baby." Still there was no overt disturbance. During this time, however, the child had a mild cold but recovered slowly, and when she was finally well enough to take a walk in the park on her return home

she refused nourishment and would not talk. After six days of starvation, mutism and loss of sphincter control, she was admitted to the hospital. The pediatrician's note after the original examination read as follows: "toxic looking child, looks prostrated, cries, refuses food. Lips and tongue dry. Acidosis. Physical examination negative, except for flat abdomen and loose skin. Impression: dehydration due to failure to take food or drink. No specific etiology can be established."

During the first five days in the hospital the child was on a regime of hypodermoclysis and intravenous infusions of glucose-saline solution. She refused fluids by mouth and was incontinent. Some improvement on intravenous fluids was noted, but because of her peculiar behavior—she did not respond, was fearful and withdrawn, refused to eat—the pediatrician suspected a severe neurosis and asked for psychiatric consultation. Following the initial psychiatric interview the patient took her first meal in the hospital, permitting the nurse to spoon-feed her.

At the first interview the little girl lay in bed listless and obviously in poor physical condition. She stared and did not react when spoken to. As the psychiatrist approached, the child showed an expression of extreme terror and moved away. Left alone, she again lapsed into empty staring. The psychiatrist, talking very softly and from across the room, suggested, "I think you are a baby, shall I carry you around?" The patient smiled faintly and did not withdraw when approached this time. She permitted me to pick her up, remained passive and listless but did not object to being carried around. This was done with all the rituals of rocking and petting, holding her over the shoulder to belch and talking to her continuously. The patient responded by snuggling in my arms. She made only one verbal response. When asked "Are you my little girl or are you my big baby?" she smiled and said "Baby." While still carrying her I explained that the baby would now sit up in bed for a little while and could play if she liked. The patient smiled again when she was propped up in bed with much care and attention. She permitted me to sit down on the bed, accepted

\* Reprinted from "Psychotherapy for Children," Proceedings of the Second Brief Psychotherapy Council, Chicago, Ill., January, 1944, under the auspices of the Institute for Psychoanalysis, 43 East Ohio Street, Chicago, Ill.



a lollipop, started to unwrap it, then handed it to me. After it had been unwrapped for her, she reached out for it and started to suck it. At this point the interview was interrupted by the visit from the patient's parents, throughout which I stayed close to her bed. She greeted her father with a bright smile, but started to scream with terror as she saw her mother approach behind him.

Throughout the next week my contacts with the child took a similar form. She lay in bed, staring and motionless. Toys were untouched. She greeted me with a smile of recognition and waited to be picked up and carried around. Only after several days did she spread her arms when I made the gesture of picking her up. She refused candy, showing no other interest than to be carried around and petted. Her main progress was an increasing readiness to be picked up. She showed very little reaction to being put back in bed but lay on her back and stared into space. On the third day I put her back in bed and then led her thumb to her mouth. She immediately dropped her hand but when the procedure was repeated the next day she started to suck her thumb and then did so spontaneously when put in bed. During this week her incontinence continued, but she showed no resistance to the spoon-feeding I advised, and showed a half pound gain in weight.

After a week of this psychotherapeutic regime, I carried her to the play-porch. She showed no resistance to sitting on my lap, but when toys were offered to her she became tense and clung to me anxiously. She relaxed immediately when the toys were removed and the uncomplicated satisfaction of being cuddled and pampered physically restored. When a nurse brought another child to the porch in a wheel-chair, the patient stiffened and burst into angry crying. I called to the nurse to remove the child, then announced to the patient that we would close the door so that nobody could disturb us any more. This I did with much emphasis. The patient seemed to enjoy this and banged vigorously against the door after I had closed it. Then the peaceful sitting on the porch was resumed. On that day she showed her first reaction to my leaving; she burst into crying after being put back to bed, looked at me, put her thumb into her mouth, cried again and then with a smile added her second thumb.

The following day she permitted the nurse to dress her for the first time. She was standing on her bed, but upon seeing me immediately threw herself down. She refused to stand up but nodded when I offered to carry her to the porch, saying I would close the

doors. She took her shoes along and I tried to put them on while she sat on my lap. She allowed me to put one on, then stiffened up and threw the other shoe across the room, looking at me with an expression of fear. I took the first shoe off and threw it away as she had. She responded with a relieved smile and then requested by gesture that I pick up the shoes. She immediately threw them down again. For a while this continued as a game, with the patient holding on to me and being carried to and from the shoes. I ended this game against her protest but she complied and sat quietly. Suddenly she "discovered" the toy shelves, demanded "books" and looked at them attentively, naming the pictures correctly and spontaneously. One book showed pictures of animals with their young. The patient pointed at a cat with kittens, exclaimed "babies" in a frightened way, and then rather anxiously demanded to be taken back to her bed. When I cuddled her and called her "my baby" she was willing to stay.

On my next visit she was sitting up in bed and eating her breakfast cereal by herself. As I approached she stopped immediately and requested to go to the porch, but refused to walk. She was picked up, carried, and her demand that the doors be closed was granted. She sat on my lap and asked for her shoes. "Today I want to wear them. Put them on"—but making it impossible for me to put the second shoe on. She then decided to do it herself—"You one and I one." The nurse brought her breakfast-tray. Sitting on my lap the patient fed herself rather listlessly, then stopped eating altogether and, with some anxiety, refused my offer to feed her. She asked to sit on her own chair and discovered a package I had brought and left on her bed table. She asked me to unwrap it. It was a slate and she guessed correctly that it was a present her mother had brought for her. "I wanted it for a long time." She asked me to draw a cup and saucer for her, did not like it and requested "something else" without, however, offering any suggestions. She immediately recognized my very poor sketch of a bottle with nipple, then crawled back on my lap and asked me to feed her. Between spoonfuls of food she asked me to show her how much milk there was left in the bottle and after every spoonful asked that it be more.

The next day she waited with her breakfast until I came to the ward. She asked for gum and put it away "for later," then asked me to carry the tray to the porch. In a teasing tone she said, "First draw the bottle, then belch me," giggling happily. She then sat down to her breakfast—"Now I show you."

At her request I held a piece of toast for her while she gulped orange juice, milk and egg; then she tore the toast out of my hand, saying, "It is mine." This she repeated with a second piece of toast, then proceeded to eat leisurely, interrupting herself to suck her thumb. Suddenly she put her thumb into my mouth—"You don't bite, but I bite you, give me your thumb." This I did. "No, I won't bite you; give me all your gum."

During the next week there was steady gain of weight. Her behavior on the ward was characterized by possessive bossiness toward the nurses whom she followed around constantly, offering to help with ward duties and carrying on long conversations with them. In her relationship to other children she was described as "very selfish." In her contacts with me she showed much poise and determination; she played with various toys, laughed, joked, and liked to take walks in the corridors.

During one of our walks I suggested taking her to my office, and she followed without hesitation. From then on she came to my office for daily interviews and two weeks later she was discharged.

During this last period in the hospital she reenacted the baby-care she had received at the beginning of her treatment by requesting that it be administered to a doll, as proxy for herself. She watched me intently while requesting that the utmost loving care be given the doll which represented herself. Gradually she began to participate in the care of this doll, which finally became her little baby sister. She spoke of herself as having been mean to Barbara and remembered that she had once scratched Barbara because her mother liked Barbara better. She did not want to see the doll again because doll-Barbara "made her mean." She was reminded that the doll had been herself, too, and had had all the advantages which doll-Barbara was receiving. She replied, "Oh, yes, you carried me around and you belched me when I was little." Doll-Barbara remained her companion for a while, with much elaboration on the difference between babies like Barbara and big girls like herself. Following a visit from her mother, she was rather upset and fantasied that a baby girl was buried in the garden outside of my office; when she went home Barbara wouldn't be there. Later in the same interview when she was playing with the doll house, I insisted on the presence of a little baby doll to greet her on her return. With some resignation the patient commented "So she isn't dead, she'll get enough for me to eat, too."

At present the child is at home, is in good health,

is making a good adjustment to the family and to the nursery-school which she attends regularly. She continues with weekly psycho-therapeutic interviews, chiefly to balance the disturbance influence of her highly neurotic mother.

It should be stated that the therapist's approach to the first case of this sort was entirely intuitive. The experience, however, that this approach had "worked" regularly aroused curiosity as to the mechanism that might underlie it. Detailed notes on all interviews were taken. The first approach to the child seems to be of decisive importance.

The few details available about the development of this child's illness disclosed one important factor: after a series of traumatic events, *regression has become the only way out*. This the mother could not tolerate emotionally. The medical procedures the child was submitted to upon admission to the hospital were oriented toward breaking through the attitude the child had of necessity assumed. I sensed something of her extreme anxiety and in my statement "I think you are a baby; shall I carry you around?" indicated to the child that I recognized and respected her attitude.

It has been pointed out repeatedly that, in treatment of children, of essential importance is the actual living through a relationship with a person whose attitudes are different from those of the original pathogenic parent-figure. This explains why the therapist to a great extent not only must *play* but must *mean* the role of the good mother. This approach, however, must go further than merely mothering the patient. We have to realize that not only the deficiencies in the maternal relationship but also the autoplasmic manifestations of the child's reactive anger and aggression constitute the emotional illness. Guilt, therefore, will arise in the child toward the overwhelmingly "good" therapist. This leads to the necessity for dosing indulgence as well as control in the approach to the child. The therapist has to be ready to receive the child's destructive impulses in a way that does not allow them again to become overwhelming and thus create the need for further regression and withdrawal.

Even during the first interview, the therapeutic work went further than the mere establishing of contact. When I suggested that the patient sit up I presented to her the therapeutic aim, namely the restoration of function and the strengthening of the injured growth-process. She showed her willingness to accept this therapeutic contact by complying with my request and even going beyond it. Not only did



she sit up but she started to unwrap the lollypop for herself. This behavior interrupted for the first time the stuporous condition in which she had been for ten days. It was possible only because I had complied with my side of the contract which was to offer a relationship to the patient under conditions she was able to accept. Again, by remaining in touch with the child during the parents' visit, my willingness to side with her and to support her were made clear. Another important element appeared during the first contact, namely her need to test my intentions and my permissiveness. This happened when the patient started to unwrap the lollypop, then handed it to me to finish the job.

The next therapeutic step, while actively taken by the therapist, corresponded to the usual lifting of repressions in a formal psychoanalytic procedure. When the child was reintroduced to the pleasure of thumbsucking it was indicated to her that her renunciation of oral gratification was really unnecessary. Later interviews with the child proved what the history had led us to assume, that intense sibling-rivalry, superimposed on the mother's originally frustrating attitude, had led to fixation and later to repression of the guilt-laden oral tendencies.

In the subsequent period of treatment the therapeutic plan was to increase the patient's activity span in a way compatible with her capacities. The point had to be made that growth and activity did not mean giving up all passive satisfaction and prerogatives. During this time the therapist's continuous awareness of the child's capacities was of special importance. So recently and severely traumatized, she needed definite reassurance as to her undivided possession of the therapist. In the session in which she banged the door with my collaboration, she showed structuralized hostility for the first time. This burst into aggressive behavior and the associated guilt immediately influenced her relationship to me. For the first time she reacted with anxiety to my leaving, apparently feeling that she deserved punishment and might be deserted by me. But she showed she had learned and gain from the therapeutic relationship when she comforted herself with thumbsucking.

Her original almost catatonic reaction had elements of wish-fulfillment in its regressive aspects. But the theoretically postulated death-wishes against the sister that appear explicitly in a later interview, explain why the patient's stupor was also determined by the need for hostile identification with her. These tendencies appeared fused and amorphaously internalized in the stupor. The therapeutic technique permitted them to

become diffused, integrated and externalized. By initiating the banging of the door, the patient (through identification) gained the support of my capacity to show anger. The guilt she showed after this episode was a product of the developing integration.

On the basis of classical psychoanalysis one might postulate that her game with the shoes signified first, her rejection of the sister whom she had removed by throwing the shoe away, and second, her consequent need to reassure herself, by reclaiming the shoe, that the sister was not actually destroyed. However, for this thesis the pertinent consideration is the therapeutic necessity for dealing with the aggressive component in such a way as to permit its emergence, at the same time demonstrating to the patient the possibility of controlling it, if necessary, by way of direct restriction.

Immediately after the successful mastery of this complexly determined game, new signs of ego-growth appeared. The patient suddenly "discovered" the bookshelves and toys of which she had been unaware. With the discovery that hostile aggression can be ventilated and still kept under control, she had the courage to turn emotional energy to the outside world.

With every new acquisition of independence she needed renewed reassurance of the therapist's benevolence. Progress became clear in the changed form in which these assurances were requested and required. Initially only complete physical acceptance had meaning to her. Now it was sufficient if the therapist merely drew milk-bottles while the patient was having breakfast. In this episode the patient made her first step in resolving her starvation fear: after each spoonful of her breakfast the level of the milk in the bottle had to rise. She needed the reassurance that her own eating was not going to starve the sibling and in this way load her with new guilt.

The therapeutic accomplishment of the last period of treatment in the hospital was that the patient was made to relinquish the baby role and to accept the reality of having a sibling to whom she was going to return. It is of importance to note that her acceptance of herself as a "big girl" was closely connected with and made possible only by her remembrance of the baby care she had received from the therapist. That she talked of this short period of baby care (which had taken place only three weeks ago) as if it were something far removed from her, was an indication of the amount of restoration of personality function.

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## In the Mail

COMMENTING upon the article which appeared in the Spring issue of *CHILD STUDY* on "The Rhesus Blood Factor," the following letter was received from Dr. Philip Levine of the Rh Blood Testing Laboratory of the Ortho Research Foundation in New Jersey:

"The recent short article in the New York *World-Telegram* titled 'Complete Blood Change Saves Cæsarian Baby,' refers to an experiment based on the use of Rh negative blood which is preferred for use in transfusing an affected Rh positive infant. The first reference to the use of Rh negative blood is found in my paper in the *American Journal of Obstetrics and Gynecology*, 42:935, 1941, which states: 'There are indications from a small number of cases that the affected infant maintains high levels of hemoglobin and red blood cell counts if he is transfused with Rh negative blood instead of Rh positive blood. The rationale for this suggestion is drawn from the fact that the infant's own Rh positive blood is undergoing destruction.'

"A fuller statement is found in the paper 'The Pathogenesis of Fetal Erythroblastosis',<sup>1</sup> from which I quote: 'It is well known that many affected infants with severe anemia recover following numerous blood transfusions. There is some theoretic basis for the suggestion that these infants preferably receive the blood of Rh— donors. Obviously, the infant's own Rh+ or any other Rh+ blood is subject to the hemolytic process which for one or another reason still continues in the early neonatal period.

"It is true that the mother's Rh— blood can always be used, provided there is blood group compatibility. However, since the mother's blood may contain anti-Rh agglutinins, this difficulty may be overcome by removing the plasma from the citrated blood and substituting either saline or compatible normal plasma. In at least one instance the use of mother's blood (of compatible blood group) which contained potent anti-Rh agglutinins resulted in hemolysis of the infant's blood, as evidenced by a rise of temperature, increased jaundice, and hemoglobinuria. Obviously, observations in a larger number of cases are desirable.'

"In the paper with Brown<sup>2</sup> we report that we changed the Rh status of the infant from Rh positive

to Rh negative. This change, of course, is only temporary, but it serves to keep the infant supplied with a type of blood which is resistant to the hemolytic process. The Birmingham doctors referred to in the *World-Telegram* article, replace, by one stroke, as much as possible of the infant's own Rh positive blood with random Rh negative blood. The procedure does not differ in principle from my recommendation except that I suggested several small transfusions of Rh negative blood.

"Once the infant recovers, he remains perfectly normal. By the time the infant's own Rh positive blood replaces the transfused blood, the hemolytic process is at an end. In other words, in this interval, 3-5 months, all the stored maternal anti-Rh agglutinins are used up. If further transfusions are required after this interval, it doesn't make much difference whether Rh negative or Rh positive blood is used."

PHILIP LEVINE, M.D.

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## WHEN FATHER'S AWAY

(Continued from page 113)

whom to talk things over—a sympathetic friend, a relative or an experienced counselor. There followed an interesting discussion of how much they could (or should) share these matters with their husbands by mail.

The group seemed to feel that many men who are away are eager to know the details of their children's development, and in discussing some of the problems that come up the parents can build up together a basis of understanding that will help bridge the gap for the father when he returns. They felt that they wanted to avoid burdening their husbands with complaints and decisions about home affairs; but on the other hand, they saw that by being too heroic in this attitude, they might be cutting their husbands off from the important experience of sharing in the family plans.

The last meeting was devoted to the question of how one may expect children to act and feel when the father comes back and what mothers themselves can do to plan for his return to the family. These matters are discussed in more detail in the pamphlet, "Father Comes Home," which has been prepared by the Child Study Association in cooperation with the USO Division of the YWCA, and which will be available shortly.

A. B. A.

<sup>1</sup> Levine, Philip, M.D., *N. Y. State Journal of Medicine*, Vol. 42, No. 20, Oct. 15, 1942.

<sup>2</sup> Brown & Levine, reprinted from the *Journal of Pediatrics*, St. Louis, Vol. 23, No. 3, pp. 290-296, Sept. 1943.



# Dr. Binger Presides

AT A MEETING held on May 14 under the auspices of the Bibliography Committee of Child Study Association, Dr. Carl Binger, psychiatrist and author of *The Doctor's Job* presided at an informal discussion on "Books on Child Development and Human Relations." A great deal of the talk centered on the problem of making scientific findings available to the public in a sound manner.

Dr. Binger cited his own experience with the *Saturday Evening Post* as a typical example of what happens to a doctor who tries to write for the popular press. He had been commissioned to do an article on the psychiatric screening out of 4Fs, and the *Saturday Evening Post* returned it, saying that it wasn't "peppy" enough. Dr. Binger agreed to have one of their rewrite men do it over. The writer spent a whole day getting facts from Dr. Binger, and, then, after a few weeks, turned out a jazzy, colloquial article, full of half-truths. Dr. Binger refused, of course, to have this published under his name, and the article was finally printed as it had been written originally. Much to the surprise of the *Saturday Evening Post* this unjazzed medical article brought in vast quantities of mail comment.

Dr. Binger felt that collaboration on scientific articles is possible, but that articles done in this way usually lack quality; and besides, doctors today are growing more willing to write. The consensus among the publishers present was that they were opposed to collaboration, and that though it had been against medical tradition to write popular articles, doctors are now beginning to do so; that they are quite capable of writing their own articles, with perhaps a little editing. It was felt that a large part of the public is growing tired of slick journalese which pretends to be thoughtful. Dr. Binger reminded his audience that in England many of the best scientists have always written good popular essays.

On the subject of books for parents, Dr. Binger said that their tone should be reassuring because there is, especially among educated parents, a large amount of free-floating anxiety, which may be stirred up by books. Of course, parents cannot be saved or ruined by books, any more than girls are "ruined" by books. In general, the kind of parents who can benefit most from books are mature and secure parents.

Dr. Binger's feelings about parent-child relationships are admirably summed up in this paragraph from his recent book:

"It is a truism, none the less true, to say that what children need is food and love. When they do not get food they scream or starve. When they do not get love a number of things may happen to them. A child's parents may not, because of inner conflicts of their own, be able to give him what he craves. Instead, they may, if they are in a position to afford it, engage the best nurses and pediatricians and send him to the best schools and camps and worry about the ventilation of his bedroom and about bundling him up in cold weather and seeing that his bowels move daily. All these may be expressions of love, but they also may not be. Children sense the difference. It is not always easy to love them, but if we are able to do so we can allow ourselves the luxury of an occasional temper tantrum or even a spanking without damaging them. And if we are unable to, whatever else we do for them is insufficient."

P. R. F.

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## LEARNING DIFFICULTY

(Continued from page 107)

to center around the same situations: sibling rivalry, feeling of rejection or inadequacy, feelings of guilt, and so forth; but if we understand them only in general terms we cannot succeed in helping the child. We have to find out the specific nature of the conflict in each case. We have always to bear in mind that the conflict that has remained unresolved because it has not been dealt with is constantly seeking expression, even in areas very remote from its origin. Only with this insight can we understand Michel's intensive questioning about the furniture in the room, or about other things that were hardly important to him; Mary's boundless hostility against a kindly teacher, or Shirley's habit of making up stories about the unreal world she lived in. In order to reach the source of the difficulty we must retrace the experiences of the child and come to understand what they mean for him. When we know this we also know why he has had to set up defenses against situations that for him were filled with danger.

We know that we cannot just reason with a child to give up these defenses, but we must rather render them unnecessary. Then the way becomes free for him to see his world as it really is.

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# Children's Radio Programs

## SOCIAL ATTITUDES IN THE SERIALS

By JOSETTE FRANK

DO CHILDREN'S radio programs, planned purely as entertainment, play a part in building children's social and ethical attitudes? Do they—intentionally or otherwise—indoctrinate their young listeners in such matters as race and religious prejudices, acceptance of foreign born groups, hatred for Japanese and Germans, love of America, faith in democratic ideals? And if so, what are the responsibilities of producers, writers and broadcasting agencies, and what can they and should they do about it?

These are some of the questions raised by the producers of three children's programs of the serial adventure type: *Hop Harrigan*, *Superman*, and *House of Mystery*. At a meeting called at their request the Child Study Association invited representatives of various interested groups to discuss these problems. In addition to the writers and producers of the three programs mentioned, representatives of the advertising agencies and networks, intercultural and religious groups, educators, psychologists, psychiatrists, and anthropologists were present.

It was generally agreed at the outset that children *do* learn from radio programs—whether or not they are labelled "educational." In fact, the more enjoyable the program, the more effective it is likely to be in impressing ideas on its young listeners.

Just what is the responsibility of producer, writer, and radio station toward positive education is not a simple question, however. Certainly they may be asked to avoid such attitudes as are definitely against public interest—acclaiming undemocratic ideals or anti-social behavior, for example. But if we interpret their responsibility as going further, then programs for children should make a conscious effort toward positive education for democracy. Here we find serious obstacles.

The question of how to handle controversial matters on the air—as, for example, racial or religious prejudices—is hardly simple, and goes beyond the question of responsibility. Radio's audience is found in all parts of the country and of all shades of opinion. How can a sponsor, or a network, be expected to include ideas which may be acceptable in some parts of the country but dynamite in others? Aside from commercial considerations of the danger of evoking hostile audience reactions, might not the

introduction of controversial viewpoints stir up sufficient feeling to be dangerous to public peace and welfare? There are, too, fundamental differences in opinion as to what is socially desirable. Who is to decide? May not harm be done by perfectly well-meaning people if everyone in radio should accept responsibility for the positive education of the young?

No small difficulty is encountered in the matter of technique itself: actually we know very little about how to educate for definite attitudes, even if we could agree on our aims. There is need for research here to replace guessing. We do know, however, that there is already a conflict between what children enjoy and what we want them to enjoy.

But even deeper is the conflict between the fundamental morality we profess to believe in and our actual living by it in our day-to-day conduct. This visible conflict is a strain for children. How is it possible to solve it in radio programs?

One answer is that we do not aim to protect children from knowledge of controversy and conflict, but rather to point out that even though people of good will may differ, there *is* a common denominator of agreement. The common denominator is devotion to country and to the "democratic way of life"—whatever the conflicting opinions may be as to how to put these into operation.

The writer of children's programs must have this direction and this goal, whatever restrictions are placed upon him in certain areas. He must know what he is trying to accomplish. Some suggestions to producers and writers toward this end are:

- (1) Avoid the use of racial stereotypes and caricatures.
- (2) If stereotypes of minority groups are used, include in the script other characters from the same group—showing the great variety of people that really exists within each group.
- (3) Use characters with foreign sounding names as typical Americans in many situations, indicating their normal place in our American scene.
- (4) Make sure that authors are well informed about the groups they portray—possibly through the use of special information centers.

(Continued on page 123)





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# Children's Books

## On "Bad" Books for Young Readers

THESE are important days when we are particularly concerned with what our young people are reading. Increasingly we have asked for books which will give our children some reflection of today's world and its problems, books which will form a basis for building wholesome attitudes and broad understanding. There has been, in recent years, a welcome growth in the number of books of this kind for young people, some of them fine indeed. The Children's Book Committee of the Child Study Association has acclaimed several of these in an annual award, and many other excellent titles appear in its current list, *Let Them Face It: Today's World in Books for Children*.

It seems important in evaluating contemporary books in controversial areas, to be as alert to see the dangers and pitfalls of some books as to applaud the values of the others. Among the recent books are several whose point of view seems to the Committee insidious and potentially damaging for young readers.

How shall we equip our young people to make the kind of world we hope they will live in if we offer them, for example, such reading as *The Fortress*, by Donal Hamilton Haines? At first glance this would seem to be no more than a run-of-the-mill school story, hinging upon the rivalry between a select private school and the locally supported public high school. Its hero, a young wounded war veteran teaching at the Academy, is disturbed to find the town's streets now "filled with workers from the factories." "Contrasting the heavy stupid faces of most of the men and boys he passed with the row that looked up at him from the seats in the classroom, his sensitive musician's ear protesting at the shrill voices and unmusical laughter of the slack-clad women." Surely this "hero" does a grave disservice to American youth when he suggests that "these folk will stick to safe factory jobs" while his elite pupils will probably die for their country. This and many other slurs on "the masses," on people who work with their hands, color this snobbish book. Under the innocent guise of a school story from a reputable publisher, it makes for easy reading and slovenly thinking for many uncritical and easily moulded American school children.

Less pointed, but with equally damaging effectiveness, *The Tower House*, by Ethel Mary Baker, paints an unfortunate picture in its presentation of

its Mexican and Indian characters as lazy, unreliable, and good-for-nothing, leaving the impression that these are universal characteristics, not only of our own Indian population, but also of our neighbors to the South.

Perhaps it is incidental, too, that in *Patsy Succeeds in Advertising*, by E. Evalyn Grumbine, a typical career story for girls, which is partially redeemed by some interesting vocational information, the one really unpleasant character is Isaac Bloom, a Seventh Avenue clothing manufacturer, who demands more than his ethical share of advertising space. There is the suggestion, too definite to be purely coincidental, that only concerns "of that kind" trade dishonorably in the advertising game. Such inferences will certainly not make for attitudes of tolerance and appreciation between young people who must learn to live and work together.

A land which rejoices in freedom of worship must surely teach respect for differences in belief. *A Life of Our Lord*, by Marigold Hunt, fails conspicuously in this. Because this little book is otherwise excellent it will be widely read. Therefore, it is particularly unfortunate that in its story of the Crucifixion it pictures the Jews of Jesus' time as a wicked and lawless people, bent only upon money and vengeance. Pilate, it says, "did not understand what this was all about" and with his wife three times appealed to the Jews to spare Jesus. This is emphasized, too, in *The Easter Story*, edited and illustrated by Eleanor D. Crawford. Whatever the historical "facts" this would seem an ill time to be driving deeper the old wedges between peoples, nurturing ancient hatreds and fanning flames that are all too readily translated into present antagonisms. To the young reader "the Jews" means not an ancient people or a historical group but the family on the next block or the little boy at the next desk.

Education for the world of tomorrow includes, too, appreciation of the growth of knowledge. Psychiatry, for example, has opened new vistas in healing. Yet in *Gail Gardner Wins Her Cap*, by Margaret Sutton, a career book for girls interested in nurses' training, the author allows her student heroine to talk of the "queer" people who are mental cases, and another character refers to the hospital's psychopathic building as the "booby hatch." This at a time when many of our young people will be called upon to



understand returning brothers and fathers coming home for psychiatric care!

It seems now more than ever important to guard our children against such carelessness or ignorance or deliberate prejudice as these books exemplify. Children learn many things from their recreational reading. Race prejudices and discrimination may have their roots in seemingly innocuous little books, in which all adult Negroes are slothful and all little Negro children are joyfully ignorant.

On the other hand, just sympathetic pictures and desirable attitudes do not automatically make a "good" book. A conscious effort to crusade for tolerance and understanding unfortunately fails of its mark if its characters do not come alive, its situations are forced or overdone, or its writing unconvincing. Even a noble purpose cannot atone for the absence of literary integrity. To achieve its goal a book must have not only good intentions but good writing.

The books reviewed here, are, with one or two exceptions, mediocre and unimportant. Yet because they are of the "popular" type that sell readily and make fast reading their potential for harm is real. It is to be hoped that juvenile editors will feel a special obligation today to be constantly alert to the dangers, and aware of the objectives, set by critical and thoughtful parents, teachers, and librarians. As Mady Christians reminded us, speaking at a recent Children's Book Luncheon, "books are not only the friends of grown-ups; they form the minds of children."

CORNELIA ERNST ZAGAT

#### A MISCELLANY OF NEW NATURE BOOKS

**SPRING IS HERE.** By Lois Lenski. Oxford. Unpaged. \$.75. Slight but gay. Dancing jingles of spring's coming in terms of a child's world. Bright three-color pictures in a little book that is easy to handle. (2-4)

**MR. WREN'S HOUSE.** By Emma L. Brock. Knopf. Unpaged. \$1.25. A good introduction to bird life. Mr. and Mrs. Wren find a bird house, build their nest, hatch eggs and raise their family in a delightful small picture book in greens and blues. (5-7)

**ALL THE YEAR ROUND.** By Alice Gall and Fleming Crew. Oxford. 48 pp. \$1.25. Simple nature stories for children which excite lively interest in the small creatures of the woods and swamps. (5-7)

**TRAVELERS ALL: How Plants Go Places.** Written and drawn by Irma E. Webber. Scott. Unpaged. \$1.25. Plant migration vividly presented with exquisite and amusing pictures. (5-7)

**NAPPY PLANTED A GARDEN.** By Inez Hogan. Dutton. Unpaged. \$1.00. Young victory gardeners take part in a natural child-like picture story, the best possible introduction to gardening. (5-7)

**A BOOK OF WAYSIDE FRUITS.** By Margaret McKenny and Edith F. Johnston. Macmillan. 80 pp. \$2.50. Unusually beautiful and clear illustrations with simple text make this volume about common berry shrubs and trees a fine offering for young naturalists. (8 up)

**WESTERN WILD LIFE.** By Allen Chaffee. Caxton Printers. 205 pp. \$2.50. Well-known and some rarer animals in appealing short stories which are a real contribution to the nature shelf. (10 to 14) C. E. Z.

## RADIO PROGRAMS

(Continued from page 120)

- (5) Employ radio writers who have good social understanding and background so they will naturally write with a democratic slant.
- (6) Avoid classifying whole peoples as "bad." In portraying "the enemy" it is well to avoid branding individuals—as "yellow" or "buck-toothed"—since these would apply also to second generation Americans descended from such nationals.

The skill and finesse of the script writer—the "know-how"—is all-important in determining what may be said over the air. Objections tend to disappear when the job is well done. Finesse and good writing are, however, very hard to achieve in the face of a long list of rules and prescriptions laid down by networks and stations (sustaining programs are usually as restricted as sponsored ones).

It might be just as well not to attempt to define our educational goals too strictly, but to admit that children must meet a great variety of experience, and anything which allows a child to approach new concepts and ideas is itself "educational."

## DISCIPLINE THROUGH AFFECTION

(Continued from page 103)

defeat. The reasons for school failure are many and are often difficult for parents themselves to discover. Situations like these frequently need expert help for their solution. The essential point, however, is that in all cases the children should feel that their parents, and teachers too, are on their side, willing and interested to get at the source of the difficulty.

How about the parents who do little or nothing to control their children? Some of them have been confused by recent psychological discussions which have stressed the need for more freedom and self-determination for children; others use these ideas to rationalize the fact that they are afraid of their children (though they may not recognize this easily themselves); some are just unwilling or unable to assume the responsibility of taking a definite stand on anything. So the children rule the home, getting what they want, browbeating or wheedling their way. There are many families in which this kind of situa-

tion exists, and neither the parents nor the children are happy in it.

For children don't feel comfortable if they know they are "getting away with something." Whether they are five or fifteen they need to know how far they can go, and they feel better when parents set up definite standards which they can use. Bill at fourteen may grumble when the family puts a limit on the number of week-day nights he can stay out with his gang, but he is probably relieved when he does not have to make the decision himself about leaving to do his homework. If Jane, who is four, feels like pushing the baby around when he gets in her way, she may be glad to accept the rule that big girls don't push, especially if her mother lets her see that she understands why Jane would like to do it, and how she feels inside. If Jane were allowed to hurt the baby, she herself would be quite disturbed about it.

In other words, adults do need to safeguard children from acts and the consequences of these acts which are more than they can handle. In situations of physical danger and health, in social situations which they cannot yet judge for themselves, in places where their childish aggressive feelings are aroused, they need to know that their parents understand and can control their behavior.

This is perhaps the most subtle and most challenging part of a parent's job. It takes not only skill but art to set up flexible yet effective standards and controls for children as they develop, and to do it in a way that is acceptable to them and gets their cooperation and not their resentment. Here again, the answer lies not so much in the specific details of what one does, but in the feeling tone behind it. Firmness and kindness together create one kind of atmosphere. The firmness that becomes hard and sharp through anger and vindictiveness creates an entirely different atmosphere, with different results.

No parent and no teacher will be able to respond to children always in an ideal way, nor should they hold up that kind of expectation for themselves. Occasional bursts of irritability are only human, after all. But children can take this for what it is if they know that they can count on their parents' basic love and understanding. A child who feels alone, struggling against criticism and hostile feelings, has little chance. A child who knows that there are adults who will help and guide him when he needs it, and at the same time will allow him to go ahead because they have confidence in him—for this child the world is wide open.

## THE FIRST YEARS

*(Continued from page 101)*

evacuate will be signaled by manifestation of mild discomfort. If the mother watches for these signs and takes advantage of them the child will soon stop soiling himself. The important thing is to utilize natural development in a relaxed, patient manner and not try tensely to impose discipline before the child is ready for it.

The same fundamentals hold for bladder training. However, the physiological and psychological elements of bladder control are somewhat more complicated than those which govern defecation. If the mother wishes to take the trouble she can catch a good many voidings quite early. This is not bladder training; real training does not begin until the child's interest is capable of being aroused and he is able to begin to feel a sense of responsibility. While early training probably does no harm in most cases if undertaken, as Gesell puts it, "with moderation, without zealotry and also without solicitude," it is futile in the long run and is apt to engender a state of anxiety on the part of the mother which will interfere with successful training later. When the child begins to walk is a good time to begin. It is important to grasp natural opportunities, such as when the child begins to waken dry from his afternoon nap. One must be prepared for setbacks, some of which are part of normal emotional development, others which arise from emotional upsets such as the birth of a new baby. Most important of all is the maintenance of a relaxed, sympathetic and confidence-inspiring attitude toward the child until full control is established.

Parents never seem to get over being surprised that their children are not all alike. We bring this up because comparison of one child with another provides the background for not a few behavior disorders and intensifies others. Unless the children are identical twins heredity provides the possibility of very wide variations of mental and emotional endowment. While it is not improper on occasion to use the behavior of one child as an example for another, it is easy to carry this device to extremes with very undesirable results.

Even without reference to any physical disorders the problems of the first few years could be dwelt upon indefinitely: Feeding difficulties, temper tantrums, tics, lying, disobedience, aggressive behavior and a host of others. It is not easy to reduce the prevention and treatment of such disturbances to a simple formula. However, running through most of them



is the element of insecurity. Insecurity, first, on the part of the parents which makes them confuse kindness with softness, discipline with harshness and consistency with nagging; second, insecurity and lack of proper self respect on the part of the child. A child who grows up in such an environment must indeed be made of tough material if he turns out to be emotionally healthy. So much is being written about mental health these days that a superficial person is apt to feel that the whole matter is being overdone. This is the opposite of the truth. The advances of medical science have opened up so broad a vista of physical health and longevity that the chief task which confronts us now is to make human life generally a more fortunate experience than it has been in the past.

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## SCIENCE CONTRIBUTES

(Continued from page 117)

The patient has so far remained well. Although future upsets must be anticipated because of the mother's severe disturbance, they will hardly be of the severity of the one described. The emergency treatment during the first week of psychotherapy in the hospital may be expected to prevent another regression of the same depth and malignancy. When she had no secure base-line to which safe regression was possible, nothing else could be expected.

Emergency treatment of feeding disturbances can be described as the adoption of attitudes and technique in the management of the patient that foster a benign regression from which a new beginning can be made.

### DISCUSSION

(Discussant was *Adelaide M. Johnson, M.D.*)

Dr. Johnson said that Dr. Sylvester's paper showed great understanding and wise application of the principles of child psychology; that Dr. Sylvester deserved special praise in that she had to handle an acute situation in a ward full of children and nurses. Dr. Johnson pointed out the skill with which Dr. Sylvester dosed her indulgence to the child and her permission for the expression of hostility. In the same careful step-by-step manner, the weaning was carried out, and the patient was brought to accept the fact that her sister would be at home when she returned. Dr. Johnson agreed that relapses might occur but thought they would not be so deep as the regression described, since for the first time a secure base-line had been established in the child.

## News and Notes

### *The School Combats Prejudice*

An excellent example of how a public school in a "difficult" neighborhood can help to overcome racial tensions is furnished by a recent experience at P. S. 169 in Manhattan.

For many years the children in this school had been a homogeneous group of white, old New York stock, mainly Irish. When the war began, refugee children from Europe began coming in, and the past two years brought a considerable number of Negroes. As a result, tensions and even physical clashes between these groups grew critical last Fall, and Frank E. Karelsen, Jr., Vice President of the Child Study Association and Chairman of the Advisory Committee on Human Relations of the Board of Education urged this committee to send someone to help the situation.

Mrs. Elisabeth S. Hirsh, a well-qualified social worker, who came to tackle the job at P. S. 169 had the active cooperation of the superintendents and the school principal, Mrs. Paula F. Mills, whose sympathetic attitude is expressed in her statement that "What our children need from teachers here is not remedial arithmetic, but remedial love."

The cooperation of the teachers, the parents, community organizations, as well as the children, was enlisted. Parents organized study groups to learn about the main minority groups in the school, and also worked, read and talked together in the "Friendship Room" which was fixed up as an attractive parents' center. Mrs. Hirsh visited families and talked over their general as well as their prejudice problems.

The final report is as follows: "For three months there has been no trouble at all. No street fights, no parents running in blaming another race for trouble. I haven't heard a racial epithet for a long time. I think what all of us working together have begun to accomplish is this: We have brought things to a human and common basis rather than a special and racial one. We have only begun. Fear is still not overcome, the fear of one race for another. It is a matter of breaking down unfamiliarity and it takes time."

### *Venereal Disease Information*

In her department "Calling All Mothers" in the May issue of *True Confessions*, Sidonie M. Gruenberg wrote an article on venereal disease and offered readers a choice of book-

lets prepared by the Venereal Disease Education In-

stitute, Raleigh, North Carolina, in cooperation with the United States Public Health Service program to stamp out venereal disease. The Institute reports that within three weeks after publication, 10,000 requests for these leaflets had been received, and were continuing to come in at the rate of 40 to 50 a day. Many of the requests come by air mail. In addition, there were over 4,000 letters asking for special information.

The booklets are called "You'd Better Know" and "Solid Facts for Teen-Age Folks." They can be obtained without charge from the Venereal Disease Education Institute, Raleigh, North Carolina. Other excellent booklets on this subject can be obtained from the United States Public Health Service, Washington, D. C.

*Child Welfare Information Service* The Child Welfare Information Service, Inc., in Washington, D. C., has just completed five months of coordinating service in the field of health, education, employment, recreation and welfare. Its primary function is to issue bulletins from the nation's capital on all important proposed and pending federal legislation affecting children and youths. The first issue of the bulletin was published on January 2, 1945, edited by Bernard Locker, executive director of the Service. It was early recognized that the activities of such an organization must involve collecting information on legislation concerned with *general* welfare as well as that of children, since so much legislation which affects children does not refer to them specifically.

The bulletin is sent free to all member agencies and to individual members who request it. Others may subscribe at fifty cents for each series of twelve bulletins. The address is Child Welfare Information Service, 930 F Street, N.W., Washington, D. C.

*"When Polio Strikes"* A short and very helpful bulletin called "When Polio Strikes" has been issued by the National Foundation for Infantile Paralysis, and can be obtained by writing to the Foundation at 120 Broadway, New York City.

The bulletin contains specific suggestions for all residents in areas where poliomyelitis is a growing menace. According to the latest figures, the number of new cases of infantile paralysis is about 50 per cent more for 1945 up to the middle of May than for 1944. Relatively sharp increases are reported in the New England, Middle Atlantic, South Atlantic and East South Central States. It is especially recommended that directors of camps and any other organi-

zations in which groups of children are gathered together avail themselves of these helpful hints.

*Clinical Group Work* The Detroit Group Project and Wayne University will offer special training and field work in Clinical Group Work with Children at Camp Chief Noonday, Hastings, Michigan, from June 11 to August 11, 1945, under the direction of Fritz Redl and Robert Rosema of the Wayne University School for Public Affairs and Social Work. A group of 160 children between the ages of 8 and 13, have been selected for this project by the Case Work and Welfare Agencies of the Detroit Area. Their adjustment problems range from ordinary difficulties of pre-adolescent growth or parental neglect to definite neurotic trends and delinquent traits. The camp will be run on an inter-racial and inter-cultural basis.

For complete information as to registration, accommodations, write to Detroit Group Project, Wayne University, 5135 Cass Avenue, Detroit 2, Michigan.

*Intercultural Education for School and Community* A selected and annotated list of publications in intercultural education is now available at the Bureau for Intercultural Education. This list carries a brief summary of 107 of the better printed materials available to schools and community organizations.

The Bureau for Intercultural Education is also conducting a series of workshops during the summer of 1945 at Teachers College, Columbia University; Goddard College, Plainfield, Vermont; at the University of Minnesota, in Minneapolis, Minn., and at Stanford University, Palo Alto, Calif. For detailed information about these workshops, write to the Bureau at 119 West 57th Street, New York 19, N. Y.

*Post-war Problems Conference* A conference of the Arts, Sciences and Professions to discuss the national post-war problems of these fields in relation to international security, rehabilitation, and full employment has been called by the Independent Citizens' Committee of the Arts, Sciences and Professions for the week-end of June 22 and 23 at the Waldorf-Astoria Hotel in New York City. Dr. Harlow Shapley, director of the Harvard College Observatory, is chairman of the conference.

Governmental officials and representatives of the arts, sciences and professions will address the opening dinner session Friday evening, June 22. General



summation of the findings of the panels to be held on June 23 will be presented at the closing meeting Saturday evening. For further information communicate with the Independent Citizens' Committee of the Arts, Sciences and Professions, Hotel Astor, New York, N. Y.

# Memorial to Caroline Zachry

The Institute of Human Development will hereafter be known as the Caroline Zachry Institute of Human Development, in memory of its founder. The Institute (originally known as the Institute for Personality Development) was established by Dr. Zachry in 1939, in order to continue the study and utilize the material which she collected as director of the Adolescent Study of the Commission on the Secondary School Curriculum. In 1942 she resigned to become Director of the Bureau of Child Guidance of the New York City public school system. She continued, however, to maintain a direct and personal interest in the Institute until her death in February, 1945.

Caroline Zachry Institute is an incorporated, non-profit-making organization engaged in research and the advanced preparation of personnel in the field of education, health and mental hygiene for children and youth. It operates through a small staff, with a board of trustees, and an advisory group, in order to fulfill the following purposes:

To conduct research in health and mental hygiene, and to make the results of this research available to practitioners and students.

Provide advanced training through seminars and in-service courses to teachers and administrators, nurses and school physicians, workers in child health centers, etc. A major purpose of these seminars is to help specialists get wider perspective and to pool their resources with others in fulfilling the needs of the total personality.

To maintain a Consultation Service for the correction of learning difficulties in schools, and train teachers who wish to specialize in remedial instruction.

In cooperation with educational institutes it provides fellowships for internships and field work in child health centers, social agencies and guidance departments within schools and colleges.

Lawrence K. Frank, formerly assistant director, will now be the director of the Institute.

For further information on the plans for the Fall, write to the Institute at 17 E. 96th Street, New York.

## LIFE WITH PARENTS

(Continued from page 110)

and the others didn't. I never use it myself, but I don't see why those who want it shouldn't. It seems like a pretty easy way of getting more security."

As we walked home after the meeting, my husband and I felt a glow of pride in these youngsters. They had conducted the discussion of their personal problems with such friendliness, humor, and willingness to meet their parents half-way on any fair issue. Above all we were impressed by their level-headed and objective approach. They were healthy adolescents and pre-adolescents, and running through all their demands was the right sense of struggle for independence and testing of their strength to break away from childhood. But most of them could recognize, too, how this need sometimes led to absurd lengths, which it was right for their parents to restrain.

The next day I asked my son what the repercussions in his classroom had been. It seemed that the children and the teachers were delighted with the meeting. The only dissenting voice was from the mother of one of the girls. She was French. She thought it disgraceful that children should be allowed to express themselves publicly in front of grown-ups in this fashion. I suddenly recalled something my husband had said the evening before as we walked home, "Such a meeting couldn't take place anywhere except in the United States."

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